

# The Redeemed Christian Church of God



## Anointed Chapel Brampton

### **WORKER'S PERSONAL INFORMATION – affix 1 passport photograph**

#### **Part 1: PERSONAL INFORMATION**

1. Family Name: \_\_\_\_\_
2. Other Names: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Sex: \_\_\_\_\_
5. Marital Status: \_\_\_\_\_
6. Nationality: \_\_\_\_\_
7. Spouse Name: \_\_\_\_\_
8. Home Address: \_\_\_\_\_
9. No. of Children: \_\_\_\_\_
10. Telephone number: \_\_\_\_\_

#### **Part 2: MINISTRY INFORMATION**

1. Are you Born Again?(Yes/No): \_\_\_\_\_
2. If Yes, When/Where?: \_\_\_\_\_
3. Briefly share your salvation experience:  
\_\_\_\_\_  
\_\_\_\_\_
4. Are you baptized by immersion?(Yes/No): \_\_\_\_\_

5. If Yes, When/Where?: \_\_\_\_\_
6. What is the name of your former Church?: \_\_\_\_\_
7. Are you baptized in the Holy Spirit?(Yes/No): \_\_\_\_\_
8. If Yes, When/Where?: \_\_\_\_\_
9. When did you join RCCG?: \_\_\_\_\_
10. What is the name of your former Parish?: \_\_\_\_\_
11. What is the name of your former Pastor?: \_\_\_\_\_
12. Are you a graduate of the SOD?(Yes/No): \_\_\_\_\_
13. If Yes, When/Where?: \_\_\_\_\_
14. Are you a graduate of the Bible College?(Yes/No): \_\_\_\_\_
15. If Yes, When/Where?: \_\_\_\_\_
16. Are you a graduate of the Advanced Stewardship Training? (Yes/No): \_\_\_\_\_
17. If Yes, When/Where?: \_\_\_\_\_
18. When/Where did you become a worker?: \_\_\_\_\_
19. Which department did you work?: \_\_\_\_\_
20. Are you an RCCG ordained Minister?(Yes/No): \_\_\_\_\_
21. If Yes, When last were you ordained?: \_\_\_\_\_
22. Are you a Deacon, A/P or a Pastor?: \_\_\_\_\_
23. State the position held before now, how long? : \_\_\_\_\_
24. Which department would you like to volunteer? From top priority? 1.  
\_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
25. At what level?: Volunteer or Volunteer Worker: \_\_\_\_\_

**Part 3: CAREER INFORMATION**

1. Educational Background: \_\_\_\_\_
2. Highest Qualification: \_\_\_\_\_
3. Name of Employer: \_\_\_\_\_
4. Address of Employer: \_\_\_\_\_
5. Position in the Organization: \_\_\_\_\_
6. Telephone Number(s): \_\_\_\_\_
7. If Student, Name of Program: \_\_\_\_\_
8. School: \_\_\_\_\_
9. Expected Year of Graduation: \_\_\_\_\_
10. E-Mail Address: \_\_\_\_\_
11. Duration At Work: \_\_\_\_\_
12. Name of Reference: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Parish Pastor's Signature and Date: \_\_\_\_\_