



CEF
CHILD EVANGELISM
FELLOWSHIP®
Reaching children worldwide®



Employment Application for Child Evangelism Fellowship® of Illinois, Inc.

Applicant Information

Full Name: _____
Last _____ First _____ M.I. _____

Address: _____
Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

Phone: _____ Email: _____

Cell Phone: _____ Social Security No.: _____ Facebook: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Name of Parents/Guardians: _____

Are your parents/guardians in sympathy with our missionary purpose? _____

If not, what is their objection? _____

Education and Training

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name:	Relationship: Pastor
Church:	Phone: _____
Address:	Email: _____
CEF Worker/Mature	
Full Name:	Relationship: Adult
Company:	Phone: _____
Address:	Email: _____
Full Name:	Relationship: Mature Adult
Company:	Phone: _____
Address:	Email: _____

Spiritual Life

Give approximate date of conversion: _____

With what denomination and/or local church are you connected? _____

How have you been involved
in your local church? _____

Are you willing to be involved in a ministry which may mean working with denominations
other than your own but which are in agreement with Child Evangelism Fellowship's
Statement of Faith? _____

Are you in full agreement with the Child Evangelism Fellowship:

Statement of Faith?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Doctrinal Protection Policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Write a biological sketch (on a separate sheet of paper) describing your Christian experience.

You must include:

- 1) The basis of your salvation
- 2) Your spiritual growth since conversion
- 3) Your practices in prayer, Bible study, church attendance, fellowship and witnessing
- 4) Your Christian service
- 5) Your convictions regarding tobacco, drugs and alcohol
- 6) Your purpose for applying to the CYIA program

Ministry

Will you cheerfully follow the directions of those who may be over you in the Lord? _____

How do you expect to cover your expenses this summer? _____

Do you have a driver's license? _____

License#

Will you have a car available to drive this summer? Describe: _____

Are you covered by health and accident insurance? _____

Name of Company: _____

Policy#

Address: _____

Experience

Present Occupation: _____

(If employed, give name of employer; if student, give school and year expecting to graduate.)

Have you ever been arrested or convicted of child abuse? _____ If yes, please explain on separate piece of paper.

Have you served as a CEF Summer Missionary? _____

YES

NO

Name, address and title of person under whom you've served: _____

Describe any training and experience you've had with Child Evangelism Fellowship: _____

Describe any training you have had in general: _____

Have you been used to lead a child to Christ? If so, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that Child Evangelism Fellowship will investigate my work and personal history and verify data given on this application. I authorize all individuals, schools, and firms named therein to provide information about me and I release them from all liability for damage in providing this information.

Signature: _____ Date: _____

Training School Information

Full Name: _____
Last _____ First _____ M.I. _____

Date of Birth: _____ / _____ / _____

Gender (circle one): Male _____ Female _____

Do you consider English your first language? Yes _____ No _____

Marital Status: Single _____ Married _____ Divorced _____

T-Shirt Size: Small _____ Medium _____ Large _____ Extra Large _____

Do you have any health conditions or physical challenges which would require special services? _____

If yes, please indicate types of services you may need on a separate piece of paper.

While attending the CYIA training school I agree to abide by regulations set forth in the standards of conduct and the dress code and to conform to its fundamental standards of honor. I realize that CEF may request the withdrawal of any trainee who, in the opinion of the staff, does not abide by the regulations set forth.

Signature: _____

Date: _____