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Please complete this application and enclose all relevant and required documents. Acceptance of this application by NIITS is in no way an indication of the individual's appointment. Additional information may be needed to process this application.

Employment Application Form

(Should be filled by the applicant online or after printing the form)

SURNAME: _____ GIVEN NAME (S): _____

DATE OF BIRTH: _____ PLACE OF BIRTH _____

GENDER: Male Female STATUS: Single Married Other

SPIRITUAL BIRTHDAY: _____ BAPTIZED ON: _____ MARRIED ON: _____

ORDINATION DETAILS (IF ANY): _____

CHURCH/DENOMINATION MEMBERSHIP: _____

PERMANENT ADDRESS: _____

CORRESPONDENCE ADDRESS: _____

CONTACT PHONES: _____

EMAIL ID: _____ MOTHER TONGUE: _____

Languages Speak, Read & Write: _____

Visit www.niits.in to read the detailed doctrinal statement, do you agree with it? Yes

EDUCATIONAL QUALIFICATION: List basic information below of all degrees earned beyond high school and enclose scanned copies or photocopies of all degree certificates:

Were all the degrees below earned in full-time residential institutions? Yes No

INSTITUTION	DEGREE	YEAR

WORK/MINISTRY EXPERIENCE: List basic information about work/ministry experience in full-time paid capacity.

Institution/Organization/Church	Responsibilities	Years

EMPLOYMENT CATEGORY: (select a primarily category you are applying for at NIITS)

- Teaching
 Administrative
 Part-Time
 Temporary
 Other

INFORMATION ABOUT YOUR SPOUSE AND CHILDREN (NAME, AGE, AND BIRTH PLACE, ETC.)

EMPLOYMENT OF SPOUSE: If your spouse is employed, please list details of employment, days and hours of work, nature of job, etc.

FINANCIAL INFORMATION: (please list all debts, loans, and other financial liabilities)

PROVIDE THREE REFERENCES

(List the details of the individuals who will be filling your reference forms*)
(First reference from your Pastor; second from any previous teacher/professor, third from recent employer)

FULL NAME: _____

DESIGNATION & ORGANIZATION: _____

ADDRESS: _____

PHONE & EMAIL: _____

FULL NAME: _____

DESIGNATION & ORGANIZATION: _____

ADDRESS: _____

PHONE & EMAIL: _____

FULL NAME: _____

DESIGNATION & ORGANIZATION: _____

ADDRESS: _____

PHONE & EMAIL: _____

***Note: Please give the reference forms to the above individuals to be mailed directly to NIITS.**

FOR NIITS USE, APPLICANT SHOULD NOT WRITE ANYTHING IN THIS SECTION

APPLICATION RECEIVED ON: _____

REFERENCES RECEIVED ON: _____

CANDIDATE INTERVIEWED ON: _____

INTERVIEW CONDUCTED BY: _____

ACTION TAKEN BY NIITS: _____