

APPLICATION FOR FULL-TIME MINISTER THEOLOGICAL TRAINING PROGRAM IN U.S.A				PLEASE MARK REGULAR STUDENT: () AUDIT STUDENT: ()	
NAME OF APPLICANT (LAST) (FIRST) (M.I.)			BIRTHDATE / /	PLACE OF BIRTH	MALE () FEMALE ()
NATIVE LANGUAGE	NATIONALITY	MARRIED () SINGLE () OTHER ()	NAME OF SPOUSE		A MEMBER? YES () NO ()
ADDRESS			HOME PHONE ()	SOCIAL SECURITY NUMBER	
FATHER'S NAME		MOTHER'S NAME	ARE PARENTS MEMBERS OF TRUE JESUS CHURCH? FATHER: YES () NO () MOTHER: YES () NO ()		
DATE OF BAPTISM	PLACE OF BAPTISM: CITY/STATE/COUNTRY			NAME OF BAPTIST	
RECEIVED HOLY SPIRIT YES () NO ()	DATE (IF YES) / /	LOCATION		PREVIOUS FAITH	
LOCATION OF TRUE JESUS CHURCH TO WHICH YOU PREVIOUSLY BELONGED (CITY, STATE, COUNTRY)					

NAME OF SPOUSE AND CHILDREN*	SEX	BIRTHDATE	DATE OF BAPTISM	PLACE OF BAPTISM: CITY/STATE/COUNTRY

U.S. CITIZEN _____ U.S. PERMANENT RESIDENT _____ LEGAL RESIDENT _____

LANGUAGE SPOKEN: ENGLISH _____ CHINESE _____ OTHER (SPECIFY) _____

OCCUPATION _____ EMPLOYER _____ ADDRESS _____

EXPERIENCE IN CHURCH HOLY WORK

NAME OF CHURCH	RESPONSIBILITY OR INVOLVEMENT	TERM (BEGIN FROM THE MOST RECENT)	PERSON(S) TO CONTACT FOR CONFIRMATION

INFORMATION FROM PREVIOUS WORKING EXPERIENCE

NAME OF COMPANY	WORK RESPONSIBILITIES	TERM (BEGIN FROM THE MOST RECENT)	LOCATION

EDUCATION

NAME OF SCHOOL	MAJOR	DATE (BEGIN FROM THE MOST RECENT)	LOCATION

Date of this record

Signature

*Please attach a separate sheet if you need extra space.