

NATIONAL SPIRITUAL ASSEMBLY OF THE BAHÁ'ÍS OF UGANDA

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P.O. Box 2662, Kampala, Uganda

NATIONAL SECRETARIAT

(PERSONNEL DESK)

(OFFERING TO SERVE)

This Application form is for those seeking to serve at the National Office and the House of Worship Uganda.

PERSONAL INFORMATION

Your name as it appears on your passport and/or National Identification Card.

Title:	<input type="checkbox"/> Mr.	Gender:	<input type="checkbox"/> Male		
	<input type="checkbox"/> Mrs.		<input type="checkbox"/> Female		
	<input type="checkbox"/> Miss	Date of Birth:			
	<input type="checkbox"/> Ms.	Day	Month	Year	
	<input type="checkbox"/> Dr.				
First Name(s):					
Middle Name(s): (if applicable)					
Family Name(s):					
Preferred Name: (optional)				Country of Birth:	
Previous Family Name(s): (if applicable)				Citizenship:	
				Other Citizenships:	

APPLICATION HISTORY:

Have you served as staff or offered to serve at the National Centre or House of Worship before?	<input type="checkbox"/>	Yes, I have served as a member of the staff
	<input type="checkbox"/>	Yes, I have offered to serve in the past
	<input type="checkbox"/>	No, this is my first offer to serve

AVAILABILITY

Longest time you could serve if invited: (Please check all that apply)	<input type="checkbox"/>	1 to 6 months	<input type="checkbox"/>	Up to 18 months (1.5 years)
	<input type="checkbox"/>	12 months (1 year)	<input type="checkbox"/>	Up to 30 months (2.5 years)
When would you be available to begin service? (month & year)	Earliest start:			
	Latest start: (optional)			
If invited, how much time do you need to prepare to come?				

If there are any conditions which might delay your coming, please explain: (optional)	
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CONTACT DETAILS

Please provide as many ways of contacting you as possible.

Your email address:	
Main contact phone number: (Please include your country code, like +256*****)	
Another phone: (optional) (Please include your country code, like +256*****)	

Current home address: (Building and Street)			
Village, town or city:		Postal Code:	
State/Province:		Country:	
Length of time at this address: (months & years)			

If your mailing address is different from your home address, please provide it here:

Current mailing address: (Apt.#, Building and Street)			
Village, town or city:		Postal Code:	
State/Province:		Country:	

Previous home addresses: List any other places you have lived for more than six months during the past 5 years. (Please use a new line for reach place of residence and specify city, country, and time period living at that location)

Do you have a valid National ID or passport?	<input type="checkbox"/>	Yes, I have a passport from one country
	<input type="checkbox"/>	Yes, I have passports from two or more countries
	<input type="checkbox"/>	Yes, I have a National ID
	<input type="checkbox"/>	NO

Do you hold a valid driver's license?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If yes, how much driving experience do you have:	<input type="checkbox"/>	0 – 2 years	<input type="checkbox"/>	3 – 5 years	<input type="checkbox"/>	5+ years
If yes, what type of vehicle can you drive? (check all that apply)	<input type="checkbox"/>	Automatic	<input type="checkbox"/>	Heavy van/truck		
	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Tractor		

EDUCATION

List any academic and vocational credentials received, including degrees, trade and correspondence courses, and apprenticeship programmes. (If providing a Curriculum Vitae/Résumé, go to the next section.)

What level of education do you have?	<input type="checkbox"/>	Primary	<input type="checkbox"/>	High School (Secondary)	<input type="checkbox"/>	University or College (Postsecondary and Graduate)	<input type="checkbox"/>	None
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Degree or Certificate:		Name of the Institution:	
Specialization(s):		Location: (city, country)	
Start date: (month & year)		Completion date: (month & year)	

Degree or Certificate:		Name of the Institution:	
Specialization(s):		Location: (city, country)	
Start date: (month & year)		Completion date: (month & year)	

Degree or Certificate:		Name of the Institution:	
Specialization(s):		Location: (city, country)	
Start date: (month & year)		Completion date: (month & year)	

WORK EXPERIENCE

Please list all employment for the past ten years, including volunteer work, apprenticeships, temporary or summer jobs, etc. (If providing a Curriculum Vitae/Résumé, go to the next section.)

Job Title:			
Description:			
Employer Name: (or "Self")		Location: (city, country)	
Start date: (month & year)		End date: (month & year)	

Job Title:			
Description:			
Employer Name: (or "Self")		Location: (city, country)	
Start date: (month & year)		End date: (month & year)	

Job Title:			
Description:			
Employer Name: (or "Self")		Location: (city, country)	
Start date: (month & year)		End date: (month & year)	

A number of positions can draw on skills developed through activities, so it would be helpful to know of other relevant experience you have (e.g. farming, gardening, managing busy family schedules, organizing events, carrying out home repairs, etc.)

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LANGUAGE SKILLS

Language:	English				
Please indicate your level of written proficiency:	<input type="checkbox"/>	Very little	Please indicate your level of oral proficiency:	<input type="checkbox"/>	Very little
	<input type="checkbox"/>	Beginner		<input type="checkbox"/>	Beginner
	<input type="checkbox"/>	Conversational		<input type="checkbox"/>	Conversational
	<input type="checkbox"/>	Fluent		<input type="checkbox"/>	Fluent
	<input type="checkbox"/>	I have experience translating into English		<input type="checkbox"/>	I have experience translating into English

List all other languages you read, write and/or speak, indicating level of written and oral proficiency

Language:					
Written proficiency:	<input type="checkbox"/>	Very little	Oral proficiency:	<input type="checkbox"/>	Very little
	<input type="checkbox"/>	Beginner		<input type="checkbox"/>	Beginner
	<input type="checkbox"/>	Conversational		<input type="checkbox"/>	Conversational
	<input type="checkbox"/>	Fluent		<input type="checkbox"/>	Fluent
	<input type="checkbox"/>	I have experience translating into this language		<input type="checkbox"/>	I have experience translating into this language

Language:					
Written proficiency:		Very little	Oral proficiency:		Very little
		Beginner			Beginner
		Conversational			Conversational
		Fluent			Fluent
		I have experience translating into this language			I have experience translating into this language
Language:					
Written proficiency:		Very little	Oral proficiency:		Very little
		Beginner			Beginner
		Conversational			Conversational
		Fluent			Fluent
		I have experience translating into this language			I have experience translating into this language

BAHÁ'Í EXPERIENCE

Date of Bahá'í registration:		Community and Country of registration:	
Name of the cluster and community(-ies) where you are participating in Bahá'í activities:			
Name(s) of the Auxiliary Board Members assigned to your area:		1)	
		2)	

Describe the life and activities of your community:	
Describe your involvement in your community	

SKILL AREAS:

General computer skill level:		I rarely/never use a computer
		I am comfortable using a computer for basic tasks like email and document writing (e.g. Word)
		I use a computer frequently for office tasks such as filing and analysis (e.g. Excel)
		I use advanced software on a daily basis
Specialized computer software (related to programming, architecture/design, audio visual, etc.):		
Please indicate how many years of experience you have with each program		

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Your own professional homepage: (optional)	
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Trade Skills:

	Air conditioner repair		Electrical wiring
	Carpentry		Furniture repair & Upholstery
	Cooking		Gardening
	General repairs		Home appliance repair (fridge, oven, fan, etc.)
	Painting		Machine repair (lawn mowers, hedge clippers, chainsaws, etc.)
	Plumbing		Stone working
	Welding & Ironworking		

Professional Skills:

	Actuary		Administration
	Architecture & Construction		Archival Conservation and Preservation
	Business Management		Economics
	Education		Health Care
	Horticulture & Agriculture		Human Resource Management
	Law		Library Sciences & Cataloguing
	Procurement and Logistics		Public Relations
	Real Estate & Property Development		Translation
Engineering			
	Civil Engineering		Electrical Engineering
	Mechanical Engineering		Structural Engineering
	Water Engineering		Other Engineering
Finance			
	Accounting & Banking		Certified Accountant
	Certified Auditor		Investment
Information Technology			
	Data Centre		Information Security
	IT Strategy & Architecture		Networking & Telecommunications
	Software Development & Support		User Experience Design
	Graphic Designer		General IT

General Skills:

Arts and Crafts:		Occasionally		Often		Very Often
Document Research:		Occasionally		Often		Very Often
Editing/proofreading:		Occasionally		Often		Very Often

Writing formal documents:		Occasionally		Often		Very Often
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Interpersonal Skills (please check all that apply):

<input type="checkbox"/>	Comfortable speaking to large groups or crowds (40+ people)	<input type="checkbox"/>	Comfortable working alone
<input type="checkbox"/>	Comfortable working in a team	<input type="checkbox"/>	Comfortable working with minimal supervision
<input type="checkbox"/>	Experience with managing a team	<input type="checkbox"/>	

Other Skills (please check all that apply):

<input type="checkbox"/>	Physically Fit	<input type="checkbox"/>	Comfortable lifting heavy items (over 25kg)
<input type="checkbox"/>	Comfortable standing for several hours	<input type="checkbox"/>	Comfortable with heights (climbing tall ladders)
<input type="checkbox"/>	Comfortable with shift work	<input type="checkbox"/>	Comfortable working at night
<input type="checkbox"/>	Comfortable working outdoors	<input type="checkbox"/>	

Certain positions involve writing, editing, and/or proofreading—would you be interested in completing a related exercise?	<input type="checkbox"/>	Yes
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MARITAL STATUS

Please select the one that is most relevant and provide the additional information, as required.

<input type="checkbox"/>	1. Never Married			
<input type="checkbox"/>	2. Engaged to be married	Date of wedding:	Day: <input type="text"/>	
			Month: <input type="text"/>	
			Year: <input type="text"/>	
		Your fiancé(e) full name:	<input type="text"/>	
		Your fiancé(e) previous family name: (if applicable)	<input type="text"/>	
		Is your fiancé (e) Bahá'í?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		
Is your fiancé (e) applying with you?	<input type="checkbox"/>	Yes		
	<input type="checkbox"/>	No		
<input type="checkbox"/>	3. Married	Your spouse		
		Title:	<input type="text"/>	
		First name:	<input type="text"/>	
		Middle name:	<input type="text"/>	
		Family name:	<input type="text"/>	
		Previous family names (if applicable):	<input type="text"/>	
		Preferred Name:	<input type="text"/>	
		Is your spouse Bahá'í?	<input type="checkbox"/>	Yes
			<input type="checkbox"/>	No
		Is your spouse applying with you?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		

	4. Widowed		
	5. Separated		
	6. Divorced	Date divorce finalized: Please send us a copy of the divorce agreement.	Day: _____
			Month: _____
			Year: _____

DEPENDANTS

Number of children or adults who are dependent on you. (A dependant may be anyone that relies on your care or financial support, be it a child, parent, or other person.)

Do you have any dependants?	<input type="checkbox"/>	Yes, I have one or more dependants	<i>If you answered "No" to both questions, you may go to the next section.</i>
	<input type="checkbox"/>	No	
Are there any others likely to become dependants in the foreseeable future?	<input type="checkbox"/>	Yes	
	<input type="checkbox"/>	No	
If yes, please provide the following details for each person:			
1.	Title:		
	First Name:		
	Middle Name:		
	Family Name:		
	Date of Birth:		
	Relationship to you:		
2.	Title:		
	First Name:		
	Middle Name:		
	Family Name:		
	Date of Birth:		
	Relationship to you:		
			<input type="checkbox"/> No
3.	Title:		
	First Name:		
	Middle Name:		
	Family Name:		
	Date of Birth:		
	Relationship to you:		
			<input type="checkbox"/> No

FINANCIAL INFORMATION

Describe your current financial situation including responsibilities for any dependants, debts, loans, and any business(es) you have or intend to have:

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If you have any financial obligations, debts and/or loans, please specify how they will be taken care of if you are invited.

Type	Outstanding Amount (Include currency)	Amount of monthly payment (optional)	Plan for repayment
Loan - Automobile			
Loan - Credit card			
Loan - Mortgage			
Loan - Student			
Alimony			
Children's education			
Child support			
Dependent family			
Other			

RELATIVES IN UGANDA (FOR NON-CITIZENS)

Do you currently have relatives living in Uganda? (Who are not serving as members of staff at the National Centre and House of Worship)	No
	Yes

ADDITIONAL INFORMATION

Do you have any plans to visit the National Centre and House of Worship soon?	Yes	If yes, approximate dates:	
	No		
Describe any other aspect of your experiences and interests in life that you feel relevant to share:			
Describe what motivated you to offer to serve at the National Centre and House of Worship:			

Describe any travels you have undertaken, in your country or other countries:	
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DISCLAIMER

I agree that the National Centre and House of Worship may contact various Bahá'í institutions or their members to receive references or further information in relation to my offer of service.

Please indicate that you agree to this clause:	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

SURVEY

In our effort to improve the recruitment process, we would be grateful for your response to the following questions.

How did you find out about service at the National Centre and House of Worship? (Check all that apply)	<input type="checkbox"/>	Friend serving at the National Centre and House of Worship
	<input type="checkbox"/>	Friend who used to serve at the National Centre and House of Worship
	<input type="checkbox"/>	Another friend
	<input type="checkbox"/>	Institution or Institution member
	<input type="checkbox"/>	During a visit to the National Centre and House of Worship
	<input type="checkbox"/>	Email announcement from the Office of Personnel
	<input type="checkbox"/>	Community newsletter
	<input type="checkbox"/>	Other

DOCUMENTS

When submitting this form, please provide a photocopy of your National ID or Passport.

SUBMISSION AND INQUIRIES

For more information regarding service at the National Office and House of Worship, or when submitting this application, please use the following contacts and Address;

- serveuganda@bahaiug.org
- P.O. BOX 2662, Kampala, Uganda
- <https://serveuganda.bahaiug.org/>