



## God of the Bible School of Ministry

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### MINISTERIAL / SECULAR RESUME

NAME: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

List your ministry and secular work beginning from today's date, going backward in time to the start of your work/ministry history. Be sure to include all history on your resume. Use additional pages if needed.

From date: \_\_\_\_\_ To date: \_\_\_\_\_ Activity: \_\_\_\_\_

City: \_\_\_\_\_ Nation: \_\_\_\_\_

From date: \_\_\_\_\_ To date: \_\_\_\_\_ Activity: \_\_\_\_\_

City: \_\_\_\_\_ Nation: \_\_\_\_\_

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City: \_\_\_\_\_ Nation: \_\_\_\_\_

From date: \_\_\_\_\_ To date: \_\_\_\_\_ Activity: \_\_\_\_\_

City: \_\_\_\_\_ Nation: \_\_\_\_\_

Form is to be attached to the Ministerial Life Experience Evaluation form and given to the God of the Bible School of Ministry Administrator for the student file.