

MINISTERIAL APPLICATION

International Pentecostal Holiness Church, Inc.

GRACE BIBLE MINISTRIES

This form is to be completed by all candidates applying for ministerial cerdentials for the first time. It is to be returned to the conference office. All questions must be answered clearly and fully. PRINT WITH BLACK INK OR USE A TYPEWRITER. If sufficient room is not found on the form for a proper answer to any question, state your answer on a separate sheet of paper.

Applicant:	Attach
1. Full Name	a recent
2. Address	photograph
City State Zip	of yourself
3. Phone: Home ()Office ()	here
4. Social Security Number	
5. Date of Birth 6. Place of Birth 7. Nationality	
8. Sex: Male Female	
9. Marital Status: ☐ Single ☐ Married ☐ Divorced* ☐ Widow/er Wedding An	niversary//
10. Spouse's Full Name11. Spouse's Date	e of Birth//
12. Have you or your spouse been previously married? ☐ Yes ☐ No	
13. If yes, how was the marriage(s) terminated? □ Divorce □ Widowded □ Annulment	
14. Children's Names and Ages:	
15. Give three references. Include (1) *pastor; (2) businessman; and (3) one other person not *A reference letter from the pastor (signed by the pastor and the church secretary) should accompany this applie	
NAME ADDRESS CITY/ST/ZIP	
(1)	THORE
(2)	
(3)	
16. Present Occupation:	
17. Have you ever been convicted of a felony or misdemeanor (excluding minor traffic offense	s)?
□ Yes □ No If yes, explain:	
18. Do you agree to furnish us with a criminal/credit background check?	□ Yes □ No
19. Are you a member of any secret society such as the Masonic Lodge or the Scottish Rite?	□ Yes □ No

14.	Are you in agreement with the Articles of Faith of the IPHC?	□ Yes □ No						
15.	Are you in agreement with the Covenant of Commitment and Guidance of the IPHC? ☐ Yes ☐ No							
16.	Do you know without a doubt that you are called of God into Christian ministry? ☐ Yes ☐ No							
17.	What is your ministry calling? □ Pastor □ Evangelist □ Other							
18.	Type of ministry in which you are currently engaged:							
19.	Supervisor (if applicable): Name:Address:							
	City/St/Zip: Phone:							
20.	Position held: ☐ Senior Pastor ☐ Church Staff ☐ Evangelist							
	☐ Missionary ☐ Bible College Instructor							
	□ Other (Explain)							
21.	Give a brief summary of your experience in church leadership:							
22.	If you are applying for a license other than a local church minister's license, do you und	derstand you are amenable to						
	the quadrennial conference and the conference board?	□ Yes □ No						
23.	Realizing that as ministers/leaders we are stewards of His resources and concious of H	Him in the management of that						
	trust, will you faithfully return a tenth (full tithe) of all income into the "store house"? The	ne "storehouse" for the minister						
	is the conference treasury; for the local church minister not under pastoral appointmen	t it is the local church treasury.						
		□ Yes □ No						
24.	Do you understand that failure to comply with the tithing rule could mean a forfieture of	f your credentials?						
		□ Yes □ No						
25.	Will you cooperate with the denominational programs at the local, conference, and gen	neral levels and lead your						
	people by example (This includes reporting systematically and consistently on forms pr	rovided.) □ Yes □ No						
26.	Have you ever, for any reason, been dismissed from another organization or had your	credentials revoked?						
		□ Yes □ No						
	If Yes, explain, giving the name of the organization and reason for dismissal on a sepa	rate sheet of paper.						
27.	If you reach a place where you are out of harmony with the ministry vision of the IPHC,	will you surrender your						
	license/ordination certificate to your conference bishop?	□ Yes □ No						
Sigr	ned: Date: /	1						

INFORMATION AUTHORIZATION AND RELEASE

I, the undersigned, having filed an application for credentials with the Grace Bible Ministries Conference (herein referred to as "Conference") of the International Pentecostal Holiness Church consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation, fitness for the ministry, and such further information as may be received by or reported to the above-named Conference. I agree to give any further information which may be required in reference to my past history. I authorize and request every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me to furnish to the Conference of the International Pentecostal Holiness Church any such information, including documents, records, or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the above-named Conference or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I hereby release, discharge, and exonerate the Conference of the International Pentecostal Holiness Church, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the above-named Conference. The Conference of the International Pentecostal Holiness Church shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete. I have read and signed the foregoing Authorization and Release as my own free act and deed. Signature STATE OF _____ COUNTY OF ____ Subscribed and sworn before me this _____ day of _____, 20____. Notary Public My commission expires: CONFERENCE OFFICE USE ONLY Date Received in conference office: Approved _____ Deferred ____ Denied ☐ Local Church Minister's License ☐ Minister's License ☐ Certificate of Ordination ☐ Reinstatement Date applicant notified ____/___ Certificate/Card - mailed/awarded ____/___/ Conference Bishop's Signature: If applicant is a ministerial transfer (from another denomination) complete and forward this form to the General Bishop's Office. I □ do □ do not approve this transfer. Completed on this ____ day of ______, 20 ____. General Bishop's Signature:

(Original will be returned to conference and a copy will be retained by the General Bishop.)



CONFIDENTIAL MINISTER'S HISTORY

International Pentecostal Holiness Church, Inc.

Minister's Na	ame:				_ Date: _	·		
				Office				
				ced Widow-				
				ecurity #				
Name of Spo	ouse:			lumber of child	ren:			
EDUCATI	ON:	Name o	of School:	Major:	uate? Degree earned			
High School	-							
College						$\neg \dagger$		
Graduate So	chool							
Special Skill Training		•						•
			7					
In Emergence	y Notify		Relationship	City	tate Zip	Ph	ione	
				7				
Church Info	rmation:							
Ministers	License		Conference	s:	Date: Date:			
Years of sen Name of chu Name and a	rch where	membersh	ip is held: attending:					
Name of Cor	nference m	embership	•					
	Date Eligible	Date joined	Date Withdrawn	Insurance	Date Eligible	Date	and a second	Date Withdrawn
Retirement				Life				
Brotherhood				Medical - Self Dependents Maj. Med-Self Dependents	5			

History of Ministry: POSITION HELD CHURCH NAME DATE CITY, STATE PHONE FROM: To: REASON FOR LEAVING POSITION HELD CHURCH NAME CITY, STATE DATE PHONE FROM: To: REASON FOR LEAVING CITY, STATE PHONE POSITION HELD CHURCH NAME DATE FROM: To: REASON FOR LEAVING PHONE POSITION HELD **CHURCH NAME** DATE CITY, STATE FROM: To: REASON FOR LEAVING POSITION-HELD CITY, STATE PHONE CHURCH NAME DATE FROM: To: REASON FOR LEAVING **Evaluation of Ministry and Character** (This is to be filled out by the Conference Superintendent) Comments (Date & Signature Required) Superintendent's Signature Date Minister's Signature Date



EVALUATION OF APPLICANT FOR MINISTERIAL CREDENTIALS GRACE BIBLE MINISTRIES

International Pentecostal Holiness Church, Inc.

P												
has applied for ministerial credentials in the <u>Grace Bible Ministries</u> Conference of the International Pentecostal Holiness Church. The conference board and ministerial credentials committee/board would appreciate your frank and unbiased estimate of this applicant as a potential minister of the Gospel of Jesus Christ, holding credentials in this organization. Under law, the applicant may examine this evaluation in his/her file any time, unless the applicant waives the right to review this evaluation.												
۵	I waive my right to review confidentially. Signed:						nd you	ır comr	nents v	will be t	reated	
	I reserve the right to exa Signed:							_				
II.	Evaluation.											
A)	How long have you know	wn th	e appl	icant?								
B)	In what capacity?							viiv, väymines esi				
C)	To your knowledge, has use the opposite side of					nsisten	t Chris	tian life	? If no	ot, pleas	se expla	in;
D)	Please give your evalua	tion c	of the c	pplica	nt by	rating t	nim/he	r on th	e follo	wing ite	ms:	
			We	akness					Str	ength		
	1 - Seriousness of purpose	1	2	3	4	5	6	7	8	9	10	
	2 - Self-motivation	1	2	3	4	5	6	7	8	9	10 .	
	3 - Concern for others	1	2	3	4	5	6	7	8	9	10	
	4 - Emotional stability	1	2	3	4	5	6	7	8	9	10	
	5 - Ministerial Potential	1	2	3	4	5	6	7	8	9	10	
	6 - Personality	1	2	3	4	5	6	7	8	9	10	
	7 - Honesty	1	2	3	4	5	6	7	8	9	10	
	8 - Family relationships	1	2	3	4	5	6	7	8	9	10	
	9 - Morality	1	2	3	4	5	6	7	8	9	10	
E)	Would you recommend the opposite side of this				nisterio	al char	acter v	vithout	reserv	ations?	Please	use
Signed Position/Occupation												
Address												
Da	te		Te	lephon	e							



Local Church Ministers License Recommendation Letter

(Recommendation of Pastor and Local Church)

. I,		(pastor), recommend							
(candidate) to the conference									
as a candidate for	local church ministers lice	ense. He/She has been faithf	ul						
to the local church,	has demonstrated spiritud	al maturity, leadership qualiti	es,						
and other evidence	es of a call to the ministry.	He/She is also recommende	ed :						
by the	Per	Pentecostal Holiness Church.							
Remarks:									
Date		Pastor's Signature							
Date		Church Secretary's Signature							

This is a confidential referral – Please remit directly to the conference office.