

MINISTERIAL CREDENTIAL PRE-APPLICATION FORM

Name	Date of Birth/ Gender M F
Address _	CityState
Zip Code _	Telephone () Cell ()
Email add Are you a	res: legal resident of the United States? SS#
	ve any Bible College Credits? If yes and you would like to be considered for a higher edential, please include a copy of your transcript.
Credential Exhort	Desired: er License Ordination Reinstate Promotion
Marital St Spouse's N	atus: Single Married Widowed Legally separated Divorced JameSpouse's birthday
B. Ap C. If this app	Have you and/or your spouse ever been divorced? Yes No If answer is yes, which? If more than once, fill in how many times. Applicant Spouse If either was divorced, was the divorce prior to the divorcee's first experience of salvation? plicant: Yes No Spouse: Yes No Include a MARRIAGE QUESTIONAIRE for each divorce involving you or your spouse. lication is for REINSTATEMENT please answer the following questions: Was your and onticed on muchod? When
A.	Was your credential suspended or revoked? When Reason for revocation
В	Did you voluntarily withdraw your credential? When
	Which credential did you hold with PCG?ExhorterLicenseOrdination
	In what district did you hold your last credential with the Pentecostal Church of God?
Have you	ever held credentials with another organization? For how long?
А.	Name of organization you held credentials with
В.	Level of credential held with this organization
C.	List address and phone number of office that holds your credential file
 D.	Do you understand that you cannot hold credentials with Pentecostal church of God and another organization at the same time?



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Have you ever been convicted of a FELONY?	Yes	No
Have you ever been arrested OR convicted for any crime?	Yes	No
Are you now or have you ever been involved in any civil court action?	Yes	No
Have you ever filed bankruptcy?	Yes	No
Do you have any unpaid collections on your credit history?	Yes	No
Have you ever been terminated from employment?	Yes	No

If you answered in the affirmative to any of the foregoing group of questions, please give the details for each situation, including dates, resolution, including time served or probation, whether or not the situation occurred prior to your salvation, and any other details to help the Credential Committee make a decision.

Where do you attend church?			
How long have you attended?	and how often?		
Please list Pastor's name and phone numb	er		
Do you regularly support your church with tithes and offerings?		Yes	No
Would you willingly submit to a credit check?		Yes	No
Would you willingly sign an authorization for a background check?		Yes	No

For the following group of questions, please give yourself a rating from 1 to 5, with 5 being the very best and 1 being the very worst. Please be as honest as you can, realizing there is no right or wrong answer.

How would you rate your credit standing?	(1-5)	
How would you rate your work ethic?	(1-5)	
How would you rate your character and integrity?	(1-5)	
How would you rate your conflict resolution skills?	(1-5)	
How would you rate your "people" skills?	(1-5)	

IS THERE ANY REASON THAT YOU ARE AWARE OF THAT WOULD PREVENT YOU FROM PERFORMING ALL THE DUTIES OF A MINISTER OF THE PENTECOSTAL CHURCH OF GOD? Yes ____ No ____

Please tell us what you have done during the past year to prepare yourself for full-time ministry. Include ministry duties, education, responsibilities at your local church, and anything else relevant.



MINISTERIAL CREDENTIAL PRE-APPLICATION FORM (Continued)

Put a check by the skills that you possess that will help you in full-time ministry.

Bookkeeping	Business	Time management
Church Legalities	Musical talents	Computer technology
Building Trades	Leadership	Motivating people
Writing and editing	Organizing	Homiletics
Teaching	Preaching	Planning events

Please list any other skills or training that you have that will benefit your future ministry:____

Please list the name and address of 3 Christian individuals who would be willing to respond to a character reference questionnaire on your behalf.

1.	Name	Telephone (_ Telephone ()		
	Address	City	State	Zip	
2.	Name	Telephone()		
	Address	City	State	Zip	
3.	Name	Telephone()		
	Address	City	State	Zip	

To the best of my ability and knowledge, I have answered all questions on this application truthfully and honestly, recognizing God as my final judge. Any information found to be untrue or misleading on this application could lead to the possible revocation of your credential.

Applicant's Signature

Date Signed

Both Pastor and Presbyter need to check this form to make sure it is accurate and complete before signing.

Pastor's Signature

Presbyter's Signature

Please print Pastor's name

Please print Presbyter's name

PLEASE SUBMIT THIS PRE-APPL. TO YOUR SECTIONAL PRESBYTER ALONG WITH ANY ADDITIONAL FORMS THAT ARE NECESSARY. INCLUDE A \$75.00 NON-REFUNDABLE CHECK or (\$50.00 for reinstatement).