

UNIVERSITY OF CHRISTIAN MINISTRY AND LEADERSHIP

FACULTY APPLICATION

Date: _____ Campus City & State: _____ Campus Code: _____

IMPORTANT: Please PRINT or TYPE. ALL QUESTIONS MUST BE ANSWERED. UCML will not process Applications nor assess academic standing unless all questions are answered and the application is signed and dated by the applicant.
Do not leave any question blank. Put "NA" if an item does not apply.

1. PERSONAL INFORMATION

Previous UCML ID#	<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	. M.I.	<input type="checkbox"/> JR. <input type="checkbox"/> SR. <input type="checkbox"/> _____	MAIDEN NAME, IF APPLICABLE
MAILING ADDRESS		CITY		STATE / PROVINCE	POSTAL CODE	COUNTRY
HOME AREA CODE & PHONE NUMBER		MOBILE PHONE AREA CODE & PHONE NUMBER		ALTERNATE PHONE AREA CODE & PHONE NUMBER		
BIRTHDATE (MM / DD / YYYY)	PLACE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> JEWISH RACE <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> OTHER		
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS		U.S. CITIZEN? <input type="checkbox"/> YES IF NO, WHAT COUNTRY? <input type="checkbox"/> NO			
CHURCH BACKGROUND / DENOMINATION	CHURCH PRESENTLY ATTENDING		PASTOR'S NAME			
PERSON TO NOTIFY IN CASE OF EMERGENCY		RELATIONSHIP		EMERGENCY CONTACT AREA CODE & PHONE NUMBER		

2. MINISTRY EXPERIENCE

CURRENT MINISTRY STATUS, IF ANY:	<input type="checkbox"/> SENIOR PASTOR <input type="checkbox"/> ASSISTANT PASTOR	<input type="checkbox"/> MISSIONARY <input type="checkbox"/> EVANGELIST	<input type="checkbox"/> ITINERANT PREACHER <input type="checkbox"/> LAY MINISTER	<input type="checkbox"/> CHAPLAIN <input type="checkbox"/> MUSIC MINISTER	<input type="checkbox"/> CHILDREN'S MINISTER <input type="checkbox"/> YOUTH MINISTER	<input type="checkbox"/> ADMIN-CHURCH/MINISTRY <input type="checkbox"/> OTHER (SPECIFY) _____	<input type="checkbox"/> N/A
ARE YOU CURRENTLY LICENSED OR ORDAINED? <input type="checkbox"/> LICENSED <input type="checkbox"/> ORDAINED <input type="checkbox"/> N/A	CREDENTIALING ORGANIZATION	PAST MINISTRY INVOLVEMENTS: <input type="checkbox"/> PASTORAL <input type="checkbox"/> TEACHER <input type="checkbox"/> EVANGELISM <input type="checkbox"/> RADIO / TV <input type="checkbox"/> OTHER (SPECIFY):		NUMBER OF YEARS IN MINISTRY?			

3. EDUCATIONAL INFORMATION

HAVE YOU PREVIOUSLY ATTENDED UNIVERSITY OF CHRISTIAN MINISTRY AND LEADERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HIGH SCHOOL NAME*	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	STUDY EMPHASIS	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DIPLOMA <input type="checkbox"/> G.E.D.
SCHOOL NAME**	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	MAJOR	DIPLOMA / DEGREE EARNED

ALL EDUCATIONAL BACKGROUND MUST BE SUPPORTED BY THE FOLLOWING DOCUMENTATION: ** List schools including Bible Institutes, Bible Colleges, other Colleges or Universities. Must have original, sealed, official transcripts sent directly to your local campus. **NOTE:** Faculty Applicants are responsible for ordering, paying for, and—if necessary—following up on all transcripts ordered to assure they are submitted within the 60-day deadline.

4. PERSONAL SALVATION TESTIMONY

Are you Born-Again? Y or N Have you received the baptism of the Holy Spirit as evidenced by Speaking in Tongues? Y or N

Please share your personal testimony of how you received salvation.

5. PRIOR TEACHING EXPERIENCE

Please list any prior teaching experience. Include both public and private institutions.

6. GOALS: EDUCATIONAL AND MINISTRY

Please share what educational and ministry goals led you to UCML

Non-Discrimination Policy

It is the policy and commitment of University of Christian Ministry and Leadership that it does not discriminate on the basis of race, age, color, sex, national origin, physical or mental disability. We guarantee the rights and privileges, and the availability of programs and activities to all students of the University.

Privacy Rights of Students

According to STATUTE 20, UNITED STATES CODE, §1232g and regulations adopted pursuant thereto, hereinafter referred to as the Code, schools or educational institutions are required to notify each student of the rights accorded him or her by the Code. We are providing the following as basic general information relative to the Code:

The Code provides for an institution to establish a category of student information termed "directory information." When available in college records, any information falling in the category of "directory information" will be available to all persons on request (i.e., the IRS, FBI, or other government agencies, and for use in publications produced by or for UCML). UCML has identified the following student data as "directory information:"

- Name and Address
- Telephone Listing
- Race
- Date & Place of Birth
- Dates of Attendance
- Major Field of Study, Degrees & Awards Received
- Church Membership
- Most Recent Previous Educational Institution Attended
- Denominational Affiliation

Information protected under the Privacy Act includes all other information, including health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student.

Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

*PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT OF AGREEMENT **AND CHECK EACH BOX BEFORE SIGNING.***

çI certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the University.

çI indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, §1232g.

SIGNATURE

DATE