



NEW APPLICANTS ONLY

APPLICATION FOR MINISTERIAL CREDENTIALS

PENTECOSTAL CHURCH OF GOD
PO Box 211866
Bedford, TX 76095
Phone: (817) 554.5900

FOR GENERAL OFFICE USE
Approved
Denied
Acct #
Date Rec'd
Date Appr
Approved by

Proclaiming Bible Truth in Pentecostal Power
MISSION: Exalt the Lord, Edify the Church, Evangelize the World

NOTICE TO APPLICANTS: The constitution of the Pentecostal Church of God specifically states that the Word of God shall be our rule of faith and basis of fellowship; endeavoring to keep the unity of the Spirit, until we come to the unity of the faith. Upon this basis, we invite the fellowship and cooperation of everyone whom God calls to labor in His vineyard, and who is walking worthy of his/her call. However, in order that we may have a proper record in our files, it will be necessary that you complete this form. Read the following carefully and ANSWER ALL QUESTIONS. In accepting credentials, the applicant affirms without reservation that he/she understands, and agrees to be governed by, the General Constitution and Bylaws of the Pentecostal Church of God and the constitution and bylaws of the district where membership is maintained.

DISTRICT NAME:

APPLICANT INFORMATION

Full Name Gender
Address
City State Zip
Telephone () - Email
Date of Birth Social Security #
Date of Conversion Place



Marital Status: Single Married Widowed Divorced Marriage Annulled

If married, give date of marriage Place

Full name of your spouse

Is spouse credentialed with the Pentecostal Church of God? Yes No Account #

Have you been divorced? If yes, how many times? Has your spouse been divorced?

If yes, how many times?

(If either you or your spouse has been divorced, a Marriage Questionnaire must be completed for each divorce and submitted with at least three substantiation documents. One Ministerial, two additional ones with one being a non-family member.)

Credentials for which you are now applying: Ordination License Exhorter

Credentials you now hold: Ordination License Exhorter

Have you held credentials with any other organization? Yes No

If yes, what was the name of the organization?

Why did you leave?

Have you applied to any other district of this organization for credentials? Yes No

If so, what district?

1. Do you know without a doubt that you are called into Christian ministry? Yes No
2. Have you read the General Constitution and Bylaws? Yes No
3. Have you read this District's Constitution and Bylaws? Yes No
4. Are you willing to conform to and abide by the same? Yes No
5. Will you preach and abide by the Pentecostal Church of God doctrine? Yes No
6. Have you read the entire Bible (all 66 books)? Yes No
7. Do you believe all of it? Yes No
8. Do you accept our doctrinal position on the Trinity of the Godhead? Yes No
9. Have all men sinned? Yes No
10. Is faith in the shed blood of Jesus essential to salvation? Yes No
11. Do you believe that once saved it is possible to be lost? Yes No
12. Do you preach and practice water baptism according to Matthew 28:19? Yes No
13. Can good works alone save a soul from hell? Yes No
14. Do you believe that speaking in other tongues is the necessary, initial, physical evidence
of the Holy Spirit baptism? Yes No
15. Have you received the Holy Spirit baptism according to Acts 2:4 and Acts 10:44-46? Yes No
16. Do you preach and teach the same? Yes No
17. Is the Holy Spirit a divine person? Yes No
18. Is divine healing in the atonement? Yes No
19. Do you preach and practice the same? Yes No
20. Do you believe Jesus will return to rapture His Church before the Great Tribulation? Yes No
21. Do you pay tithe? Yes No
22. Will you send tithe regularly in accordance with your district policy? Yes No
23. Do you understand that failure to comply with the tithing rule could mean a forfeiture
of your credentials? Yes No
24. Will you fully support both your district and general programs? Yes No
25. Have you ever been convicted of a felony? Yes No
26. Have you ever been convicted, indicted or under investigation for child sexual abuse and/or
any other criminal sexual conduct? Yes No
27. Have you ever filed bankruptcy? Yes No
28. Are you a member of a lodge, a secret order or secret society? Yes No
29. Do you use intoxicating liquors, narcotics, hallucinogens or tobacco? Yes No
30. Do you approve of or practice homosexuality or any other form of sexual perversion? Yes No
31. Do you approve of or practice any form of the occult ? Yes No
32. What is your primary ministry calling? Evangelist Pastor Other
Explain _____
33. Are you a U.S. citizen? Yes No

CHURCH LEADERSHIP

What local church are you currently attending and where is it located? _____

How long have you been attending? _____

Are you involved in full-time ministry through the ministries of your Church? _____

For how long? _____

Are you involved in active ministry? (*Active is defined as weekly involvement*) _____

For how long? _____

What is your present ministerial position? _____

What are the responsibilities of this position? _____

Are you deriving financial support from this position? _____

Pastor's Signature _____ Date _____

Sectional Presbyter's Signature _____ Date _____

EDUCATIONAL BACKGROUND

EDUCATION	Name and Location of School	Years Attended	Date Completed	Degree Earned
HIGH SCHOOL				
COLLEGE				
GRADUATE / SEMINARY				

EMPLOYMENT HISTORY

COMPANY NAME	SUPERVISOR (Name & Phone Number)	POSITION HELD	DATES (From mm/yy – To mm/yy)

Any false information provided by the applicant during the application process will result in the rejection of the application or the automatic forfeiture of the applicant's credential.

Having read the Bylaws and all the requirements of this application, I accept and agree to abide by the same as a condition to obtaining and maintaining my credentials. I further authorize you to contact all persons whom you desire to interview and question about facts concerning my application or my private and public life. I authorize and direct 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 Pentecostal Church of God any such information, including but not limited to documents, records, or other information regarding charges or complaints of any kind filed against me, formal or informal, pending or closed, and to permit the above-named Denomination or any of its agents or representatives to inspect and make copies of such documents, records, and other information. This authorization shall expire 90 days after the date of this application. I also agree to execute any new authorization which may be required by the above entities at any time during the term of my credentials. I further authorize the Pentecostal Church of God to disclose to the above described entities any and all information contained in this application or obtained during the application process.

I hereby release, discharge, and exonerate the Pentecostal Church of God, 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 Denomination including but not limited to negligence, liable slander or any other intentional sort. The Pentecostal Church of God 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, inaccurate or incomplete.

I have read, fully understood and signed the foregoing Authorization and Release of my own free act and deed.

Applicant's Signature

The filing of suit against Pentecostal Church of God for any reason shall result in forfeiture of the applicant's credentials.

Applicant's Signature

I further acknowledge that I am not making application for employment with the Pentecostal Church of God, Inc., and the granting of credentials does not make me an employee of the same.

Applicant's Signature

Give three references. Include 1) pastor; 2) family; and, 3) one other person not related.

**A reference letter from a pastor (signed by a pastor) should accompany this application.*

	Name	Address	City/State/Zip	Phone
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

TO BE COMPLETED BY DISTRICT

Approved by the District Board of _____ Date: _____

Applied for:..... Ordination License Exhorter

Approved for:..... Ordination License Exhorter

Did applicant have credentials with another organization? Yes No

If yes, was a letter of recommendation requested? Yes No

Is a letter of recommendation included? Yes No

Did applicant surrender former credentials?.....' Yes No

Did applicant complete the required MSS? Yes No Test Score _____ Which MSS was completed? _____

Did applicant complete the equivalent studies to the MSS? Yes No (If applicant completed equivalent studies, a transcript of classes must accompany application, or applicant must fill out the *MSS Equivalent Form* .)

Other Information _____

Signed _____

District Secretary / District Bishop



MINISTER’S STUDY SERIES EQUIVALENCY FORM

Applicant’s Name: _____ District: _____

Since you have not participated in the traditional minister’s study series, you must affirm educational equivalency by submitting your response to this form. Fortunately, if you have completed the Forerunner Experience, then you have met the equivalency requirements for the exhorter level of credentials. Therefore, you may simply check “Yes” when prompted (unless you feel otherwise).

– Exhorter Credentials –

As part of the Forerunner Experience, I have gained valuable insight for ministry in each of the following fields:

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Spiritual Formation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Calling & Spiritual Gifts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prayer & Worship | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Doctrine & Theology | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trinitarian Faith | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Atonement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Biblical Studies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Old Testament | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New Testament | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pentecostal Uniqueness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mission | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PCG Values | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Practical Leadership | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature: _____ Date: _____

TO BE COMPLETED BY INTERNATIONAL MISSION CENTER:

Coach Name:

AVG Test Score:

PENTECOSTAL CHURCH OF GOD (Incorporated)

_____ (district)
BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize the _____ (district) and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for credentials now and, if applicable, during my tenure with the **Pentecostal Church of God (Incorporated)**.

I release the **Pentecostal Church of God (Incorporated)** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant Signature Date

_____-_____-_____
Social Security Number * Date of Birth *

*NOTE: The above information is required for identification purposes only.

CA, MN & Oklahoma Residents please note: In connection with your application, your credit report will be obtained and reviewed. Under CA & MN law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. Under Oklahoma law, you have the right to receive a free copy of your consumer report.

- YES, I am a California resident and would like a free copy of my credit report; or
- YES, I am a California resident and would like a free copy of my investigative consumer report.
- YES, I am a Minnesota resident and would like a free copy of my consumer report.
- YES, I am an Oklahoma resident and would like a free copy of my consumer report.

Printed Name _____

Street Address _____

City, State, Zip _____

District office please note: If the consumer checks "Yes" regarding the consumer report, or if a CA consumer checks "Yes" regarding the credit report (and you do request a credit report, please fax this form to your ChoicePoint service center. If consumer checks "Yes" regarding the full consumer report, and consumer resides in CA, you will need to provide the individual with a copy of their consumer report.

Account Number:



PENTECOSTAL
CHURCH OF GOD

MARRIAGE QUESTIONNAIRE

Date_____

Divorce Number_____

Full Name_____Address_____

City and State_____Zip_____

Date of Birth_____Place_____

(City, County and State)

Full Name of Previous Spouse (Maiden Name)_____

Date of Marriage to Prior Spouse_____Place_____

(City, County and State)

Date of the final decree of Divorce_____Place_____

(City, County and State)

Date when you were first saved_____Place_____

(City, County and State)

Was this divorce previous to your first confirmed experience of salvation?..... Yes No

Was the divorce the result of either you your spouse or both committing fornication or adultery previous to your divorce? (Matthew 5:32;19:9)..... Yes No

Was the divorce the result of your unbelieving spouse departing from you, a believer? (1 Corinthians 7:15) Yes No

Were you the Plaintiff or the Defendant in the divorce?

Date of your subsequent marriage_____Place_____

(City, County and State)

Is the party to this marriage still your spouse? Yes No

How would you rate your present marriage?_____

The foregoing is made under oath or affirmation and its representations are true and correct to the best knowledge and belief of the undersigned subject to the penalties of making a false affidavit or declaration. I understand that the representations set forth herein are material and will be relied upon by the Pentecostal Church of God and I agree to hold harmless and indemnify the Pentecostal Church of God from any and all claims arising out of my statements made herein.

Signed_____Date_____

Please Note: This form must be completed in full, in duplicate, and filed with your application. If your spouse is divorced, a similar statement must also be filed by your spouse. A separate Marriage Questionnaire must be completed for each divorce from either the minister and/or spouse.



BANKRUPTCY QUESTIONNAIRE

Name _____

1. Have you filed for bankruptcy more than once? Yes____ No____
(If yes, a separate questionnaire should be completed for each bankruptcy filed.)
2. When did you file for this bankruptcy?_____
3. Where was the bankruptcy filed?_____
4. Was this prior to your first experience of salvation? Yes____ No____
5. The bankruptcy was for reasons? Personal____ Business____
6. Under what chapter was the bankruptcy filed?_____
7. Why was the bankruptcy filed?_____

8. Have you repaid the debts owed at the time of the bankruptcy? Yes____ No____
9. What you learned from this experience?

Signed _____ Date _____



FELONY QUESTIONNAIRE

Name _____

1. Have you been convicted of more than one felony? Yes____ No____
(If yes, you must complete a separate questionnaire for each conviction.)
2. What was the charge for which you were convicted?

3. What is the date of your conviction? _____
4. Was time served? Yes____ No____ How much? _____
5. When were you released? _____
6. Are you now on probation? Yes____ No____
7. Were you declared guilty of a felony that caused you to be listed on the national registry for your felony?
Yes____ No____
8. Were you saved at the time? Yes____ No____
9. When were you first converted? _____
10. What have you learned from this experience?

Signed _____ Date _____