

NEW LIFE MISSIONARY BAPTIST CHURCH PASTOR APPLICATION FORM

Personal/Family Information			
Last Name	First Name	Middle Initial	
Street Address	City/State	Zip Code	Phone Number
E-mail address:	Date of Birth:	Social Security Number	
What is it about this position that attracts you?			
If you are currently employed as a minister/pastor, why are you interested in making a change?			
Have you ever been convicted of a felony or misdemeanor?			
If yes, please explain:			
Marital Status: <input checked="" type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Single			
If Married, Name of Spouse:			
If you have children, please list their names and ages:			
Denomination:			
Are you ordained? Yes or No Date and Place of Ordination:			
Please attach copy of license and ordination certificate			
Are you a certified/licensed counselor? Yes or No Please attach copy of certification			

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Paid Pastoral / Business Experience	
I. Name and Address of Church:	Phone #:
Years of Service: 1 2 3 4 5 6 7 8 9 10 + years	
Reason for Leaving:	
II. Name and Address of Church:	Phone#:
Years of Service: 1 2 3 4 5 6 7 8 9 10 + years	
Reason for Leaving:	
III. Name and Address of Church:	Phone#:
Years of Service: 1 2 3 4 5 6 7 8 9 10 + years	
Reason for Leaving:	

References (Pastoral and Professional)		
3 Pastoral references and 2 Personal references		
Name and Occupation	Relationship Email	Phone Number and
(1).		
(2).		
(3).		
(4).		
(5).		

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Employment History other than Pastoral	
(1). Name of Employer:	Job Title Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	
Supervisor:	Reason for Leaving:
Telephone:	
(2). Name of Employer:	Job Title Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	
Supervisor:	Reason for Leaving:
Telephone:	
(3). Name of Employer:	Job Title Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	
Supervisor:	Reason for Leaving:
Telephone:	
(4). Name of Employer:	Job Title Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	
Supervisor:	Reason for Leaving:
Telephone:	

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Philosophy of Leadership: Briefly describe your leadership style.

Professional Accountability: Briefly describe your view of how a pastor should function in regards to:

- a. **Church finances:**
- b. **Relationship with the church deacons:**
- c. **Relationship with church staff (financial /recording secretary, musicians, etc.):**
- d. **Hospital visitation/Sick and shut-ins:**

Issues: Briefly describe your position on the following social, theological, and ethical issues.

Abortion:

Addictions:

Baptism:

Homosexuality:

Holy Spirit:

Marriage/Divorce/Remarriage:

Women in church leadership:

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Is there anything in your past or present that we should be aware of and discuss before we consider you as a candidate for pastor of this church?

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statement.

I further understand that I am expected to work within the framework of the *Operational Guidelines* established by this church should I become pastor.

I have read, understand, and agree to the above statements.

By typing/signing your name along with the date below, you are verifying that you agree with the above statement. Please return this completed form/application by email to:

Signature:

Date: