

# NEW MINISTERIAL CANDIDATE INTAKE PACKET



3145 Sweetwater Drive, Billings, Montana 59102  
Phone: (406) 252-9547 . Fax: (406) 656-8792

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Application Date: \_\_\_\_\_

## Basic Information

Name \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Street Address City State Zip

Phone numbers \_\_\_\_\_  
Home Work Cell

Email \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Home Church or current ministry position \_\_\_\_\_

Employer \_\_\_\_\_ Employer address \_\_\_\_\_

Position at work \_\_\_\_\_ Years at current job \_\_\_\_\_

May we call you at work?  Yes  No

(If applicable) How long have you served at your present church? \_\_\_\_\_

(If applicable) Please provide the following information for all of the churches you have served during the past 10 years.

Church Name	Pastor's Name	Address	Phone	Dates attended
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Church Name	Pastor's Name	Address	Phone	Dates attended
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Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_  
name and relationship

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**Security**

List states and counties of residence for the past seven years \_\_\_\_\_

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Yes  No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below.

Yes  No Have you ever been convicted of a crime? If so, please describe in the boxes below. Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

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**Family Information (optional)**

Marital status (check one):  Single  Married (anniversary date \_\_\_\_\_)  
 Widowed  Divorced  Separated

If married, spouse's name \_\_\_\_\_

If you are divorced our Discipline requires that a person be considered biblically the "innocent party" in the divorce. While it is true that both spouses in a divorce are at some level responsible, describe why you would be considered the "innocent party" and feel that you could be considered for pastoral ministry.

If you are single, what is your parent's attitude toward your decision to enter vocational ministry?

If you are married, what is your spouse's attitude toward your desire to pursue ministry as a full time lifestyle? Have you discussed the effects this vocation will have on your family life, finances and future? Does she share a common calling to enter the ministry lifestyle as well?

If you have children, their names and ages:

1.	4.
2.	5.
3.	6.

**Education**

High school City State Grad year

College/tech school City State Grad year

Degree and major Minor

Other Degrees and majors

Other education, training, and licenses

Please provide a copy of your post-high school transcripts to the Board of Ministry when you come for your first interview.

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**Previous Employers**

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers and addresses of past employers are critical**. Ask for a phone book or call information if necessary.

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**MOST RECENT EMPLOYER**

Yes  No Are you currently working for this employer?

Yes  No If yes, may we contact?

PHONE ( )
FAX ( )

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COMPANY NAME	ADDRESS	CITY	STATE
FROM DATE EMPLOYED	TO	JOB TITLE	SUPERVISOR NAME
DUTIES			
SALARY	PER (HOUR, WEEK, MONTH)	REASON FOR LEAVING	

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**SECOND MOST RECENT EMPLOYER**

Yes  No Are you currently working for this employer?

Yes  No If yes, may we contact?

PHONE ( )
FAX ( )

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COMPANY NAME	CITY	STATE	
FROM DATE EMPLOYED	TO	JOB TITLE	SUPERVISOR NAME
DUTIES			
SALARY	PER (HOUR, WEEK, MONTH)	REASON FOR LEAVING	

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**THIRD MOST RECENT EMPLOYER**

Yes  No Are you currently working for this employer?

Yes  No If yes, may we contact?

PHONE ( )
FAX ( )

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COMPANY NAME	CITY	STATE	
FROM DATE EMPLOYED	TO	JOB TITLE	SUPERVISOR NAME
DUTIES			
SALARY	PER (HOUR, WEEK, MONTH)	REASON FOR LEAVING	

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What financial obligations do you presently have? Please list the institutions and amounts.

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## References

Please provide three character references (other than family members) who can identify your strengths and weaknesses and describe your background.

1. 

Name	Address	Home / work phone	Relationship
  
2. 

Name	Address	Home / work phone	Relationship
  
3. 

Name	Address	Home / work phone	Relationship

Please circle the words that **best** describe you, and cross out words that **least** describe you.

*trustworthy    dependable    active    compassionate    reliable    self-starter    punctual    flexible    laid-back*  
*quick thinker    spontaneous    decisive    teachable    team player    humorous    thoughtful    solitary    leader*  
*cautious    risk taker    patient    reflective    honest    organized    creative    disciplined    faithful*

What are your spiritual gifts?

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## Medical Information

Have you had any prior injuries that might be aggravated by working in ministry?

Are you currently taking any medication prescribed by a doctor for physical or other conditions that would affect your ministry?

Do you have any medical conditions that might be hazardous to others?

\*If you answered yes to any of the questions above, please attach another page and explain completely.

**PLEASE READ CAREFULLY**

The information provided on this application is accurate to the best of my knowledge and subject to verification. I understand that proof of U.S. permanent residency or authorization to work in the U.S. may be required upon employment. I understand that I must answer truthfully all the questions on this applications. I also understand that if I do not, I may be refused employment or separated if I am a current employee.

If employment results from this application, I understand that additional personal data will be required to determine if I am eligible for benefits and for statistical/government reporting purposes.

I understand and acknowledge that prior to and/or during employment, I may be required to submit to medical testing for alcohol and/or illicit and/or controlled substances, and I hereby consent to such testing.

I authorize all previous employers and listed references to furnish whatever information they may have regarding my employment and my reason for leaving. And I release my prior employers from liability for any damage resulting from the information provided.

I understand that employment with The Western Conference is at will and the employment relationship may be ended at any time, by either party, with or without notice.

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DATE

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APPLICANT'S SIGNATURE

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**Tell Us About Yourself**

1. Give a brief description of your upbringing, parental and sibling relationships, childhood and home life.

2. Share your testimony. When and how did you become a Christian?

3. Describe why you believe that you are being "called" by God into ministry.

4. What have you been doing to grow spiritually in the past year?

5. What do you do to maintain your spiritual growth as a leader?

6. What is your personal commitment to tithing and financial support to the ministry?

7. Is there any personal or relational issues that would be a detriment to your ministry that you need to resolve? This may include parental, marital or parent/child issues that are not resolved



8. Have you gone through a personal and/or ministry assessment either through our conference or other settings from which you discovered your personality type, passion or strength areas, spiritual gifts, leadership style etc. Who administered the assessment and what are your predominant spiritual gifts and personality blend (Choleric, Phlegmatic, Sanguine and Melancholy)?

9. Give at least three examples of ministry successes you have had by leading a group or ministry that has grown spiritually and numerically.

10. Have you ever led someone in a personal prayer to receive Christ or led an event where people have responded to receive Christ as Savior? Give a short description of these events.

11. Give an example of a time when you had to reconcile a conflict with another adult and briefly how you approached that process of being genuinely reconciled? What has been the outcome of that relationship? In other words how are you doing now?

12. What churches or ministry organizations have you been officially associated with? (Churches, para-church, missions, etc.)

13. What do you feel are the essentials of any ministry in order to be effective?

14. What is the optimum method of developing a team?

15. What do you feel are the greatest challenges for students/adults today in becoming spiritually vibrant, life-giving, reproducing followers of Jesus Christ?

16. Considering the area of ministry you would desire to pursue, what other training (seminars, conferences, college classes, internet classes etc.) and personal reading and study (books, video series, CD's etc.) have you completed? Please list these areas of training and resources on a separate sheet. Remember to provide a copy of post-high school transcripts with this packet when you meet with the Board for your first meeting.

17. Is there anything that you would add that would help us to know you and your ministry potential?

18. If married, please have your spouse share their life sketch and then their spiritual testimony of when they became a Christian and their affirmation of being called together into ministry, in this space below.

# STATEMENT OF BELIEF

## We believe...

- That the Bible is God's inspired word and is the infallible authority of Christian Living.
- That God is Father, Son and Holy Spirit.
- That God became a man through the Virgin birth of Jesus, being fully God and fully man.
- That Jesus was crucified, dead, and buried, and raised bodily from the dead.
- That the Holy Spirit convicts, comforts, sustains, sanctifies, and guides believers into all truth.
- That man was created in the image of God, that he sinned in Adam and that he is now a sinner by nature and by choice.
- That man is lost in sin but can receive forgiveness and peace through faith in Jesus Christ as Savior and Lord.
- That all believers are commanded to share the "Good News" of forgiveness and peace through Christ.
- That we will all give an account of ourselves at the last Judgment.
- That Jesus is coming again to take those who love Him to spend eternity with Him.

I, the undersigned, have given accurate and truthful responses to the above questions and information and agree with the Statement of Belief and Peacemaking process.

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Date

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Applicant's Signature

# BACKGROUND CHECK AUTHORIZATION

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

## Notice Regarding Background Investigation

The **Western Conference of the Evangelical Church** may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are selected, throughout your affiliation with the Western Conference. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Datasource or an Affiliated Datasource Company at 1200 South Outer Road, Blue Springs, MO 64015/816-228-5255, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Western Conference to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are selected, throughout your affiliation with the Western Conference to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

## ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (available upon request) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am selected, throughout my affiliation with the Western Conference. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Datasource or an Affiliated Datasource Company or another outside organization acting on behalf of the Western Conference, and/or the Western Conference itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Western Conference. [ ]

**Applicants of New York Employers only:** I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

**California applicants only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Western Conference at no charge whenever you have a right to receive such a copy under California law. [ ]

\_\_\_\_\_  
\_ Signature

\_\_\_\_\_  
Date

### PRINT CLEARLY

\_\_\_\_\_  
Full Name (First/Middle/Last)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Social Security Number (SSN)

\_\_\_\_\_  
Birthdate (mm/dd/yyyy)

\_\_\_\_\_  
Physical Address (Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State) (Zip)