

NEW  
APPLICANTS  
ONLY

# APPLICATION FOR MINISTERIAL CREDENTIALS

PENTECOSTAL CHURCH OF GOD  
PO Box 850, Joplin, Missouri 64802  
Phone: (417) 624-7050

FOR GENERAL  
OFFICE USE

Approved

Denied

Acct # \_\_\_\_\_

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

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 two supporting substantiation documents including 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?.....  Pastor  Evangelist  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? (*Full-time is defined as a senior pastor or associate pastor of a local church, a full-time teacher at a Christian college, or one who is receiving 70% compensation through the ministries of the 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 Board of the \_\_\_\_\_ District at a meeting held at \_\_\_\_\_ on \_\_\_\_\_.  
(Place) (Date)

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

Minister's Study Series Test Score \_\_\_\_\_  
 Minister's Study Series Completion Date \_\_\_\_\_  
 Minister's Study Series Completed \_\_\_\_\_

\* If the minister has completed equivalent studies, this requirement shall be waived.

Classroom Study Series Completion Date \_\_\_\_\_  
 Classroom Study Series Completed \_\_\_\_\_

Other Information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_  
 District Secretary or Bishop