

MINISTERIAL APPLICATION

Alpha Conference International Pentecostal Holiness Church

OUR MISSION:

To multiply believers and churches, discipling them in worship, fellowship and evangelism as we obey the Great Commission in Cooperation with the whole Body of Christ.

This form is to be completed by all candidates applying for ministerial credentials for the first time. It is to be returned to the conference office. All questions must be answered clearly and fully. If sufficient room is not found on the form for a proper answer to any question, state your answer on a separate sheet of paper.

APPLICATION FOR:				
 □ Local Church Minister's Certificate □ Minister of Discipleship Ministries License □ Minister of Music License □ Minister's License □ Reinstatement 	Attach a recent			
APPLICANT:	Passport photograph Of yourself here.			
1. Full Name	(Or similar)			
2. Address				
City State Zip				
3. Phone - Home () Cell ()				
4. Email Address				
5. Social Security Number	9. Nationality			
6. Date of Birth 7. Place of Birth 9. Gender: ☐ Male ☐ Female	o. Nationality			
10. Marital Status: ☐ Single ☐ Married ☐ Divorced* ☐ Widow	vor.			
11. Spouse's Full Name				
14. Have you or your spouse been previously married? Yes No				
5. If yes, how was the marriage(s) terminated? □ Divorce □ Widowed □ Annulment *Please include a copy of the divorce decree and give details of divorce along with circumstances; use separate sheet of paper.				
16. Children's Names and Ages:				
17. Give three references. Include (1) *pastor; (2) business person; and, (3) one *A reference letter from the pastor (signed by the pastor and the church secretar	·			
Name Address City/State	E/ZIP PHONE			
(1)				
(2)				
(3)				
18. Present Occupation:				
19. Have you ever been convicted of a felony or misdemeanor (excluding minor to Yes □ No If yes, explain	•			
20. Do you agree to furnish us with a criminal/credit background check?	☐ Yes ☐ No			
. Are you a member of any secret society such as the Masonic Lodge or the Scottish Rite?				

EDUCATION:

ı	EDUCATION			No. of Years Attended	Date Completed	Degree Earned	
	HIGH SCHOOL						
	COLLEGE						
	GRADUATE/ SEMINARY						
		First Y		hird Year 🔲 Equiva	-	urse?	
(Gi	ve details)						
— Wil	Il you take advanta	ige of t	he opportunities made available	for training, instruction,	information, a	nd inspiration (i.	e. continuing
edı	ucational programs	for mi	nisters) to make you a better lea	ader?		☐ Yes	_
ΕN	IPLOYMENT HIS	STOR	Y (use additional paper if r	needed):			
(COMPANY NA	ME	SUPERVISOR (Name & Phone Number)	POSITION H	ELD	DATE	_
			(Name & Front Number)			(i Tolli illiliyyy – i	o minyy)
SP	PIRITUAL & CHU	JRCH	EXPERIENCE:				
1.	When did you ac	cept Je	esus Christ as your personal Sa	vior?			
2. Have you been baptized with the Holy Spirit with the initial evidence of speaking with other tongues (Acts 2:4)?							
	Is this and other	eviden	ces and/or gifts of the Holy Spir	it regularly manifested in	n your life?	□ Yes	
3.			aptized in water according to Matthew 28:19?			☐ Yes	□ No
4.	Have you been s	been sanctified and are you being sanctified?			s □ No		
	Please give a bri	ef expl	anation				
5.	Have you read th	ne <u>BIBL</u>	_E through at least once?			□ Yes	
6.	Do you believe th	ne <u>BIBI</u>	<u>LE</u> to be the inerrant Word of Go	od?		☐ Yes	□ No
7.	How long have y	ou bee	n a member of the IPHC?				
	Other denominat	ions?					
8.	If you are transfe	erring, f	rom what denomination/fellowsl	nip are you transferring?			
9.	Place of local IPI		ırch membership				

10. Have you previously held	credentials with the IPHC or	another denomination?	Yes	☐ No
11. If yes, when?	with whom?			
Please list the level of previously held credentials.				
12. Does your spouse hold o	redentials in the IPHC?		☐ Yes	□ No
13. Have you read the IPHC	2013-2017 IPHC Manual?		Yes	☐ No
14. Are you in agreement wit	h the Articles of Faith of the IF	PHC?	Yes	☐ No
15. Are you in agreement wit	th the Covenant of Commitme	nt and Guidance of the IPHC?	☐ Yes	□ No
16. Do you know without a d	oubt that you are called of Go	d into Christian ministry?	☐ Yes	□ No
17. What is your ministry call	ling? 🛘 Pastor 🗘 Evange	elist 🛘 Other		
18. Type of ministry in which	you are currently engaged			
19. Supervisor (if applicable)	Name			
	Name	Address		
City/State/Zip		Phone		
20. CHURCH LEADERSHIP	(use additional paper if neede	d)		
POSITION HELD	BRIEF SUMMARY OF EX	(PERIENCE IN CHURCH LEADERSHI	P DATE (From mm/yy –	
	icense other than a local chure and the conference executive	ch minister's license, do you understand council?	d you are amenab □ Yes	le to the
trust, will you faithfully re	Realizing that as ministers/leaders we are stewards of His resources and conscious of Him in the management of that trust, will you faithfully return a tenth (full tithe) of all income into the "store house"? The "storehouse" for the minister is the conference treasury; for the local church minister not under pastoral appointment it is the local church treasury. Yes No			
23. Do you understand that f	ailure to comply with the tithin	g rule could mean a forfeiture of your cr	redentials?	□ No
		at the local, conference, and general lev consistently on forms provided.)	rels and lead your Yes	people b
		nother organization or had your credent organization and reason for dismissal c		et of
	re you are out of harmony with ate to your conference superin	n the ministry vision of the IPHC, will yountendent?	u surrender your Yes	□ No
Signed:		Date: / /		



ALPHA MINISTRIES P.O. BOX 240606 MONTGOMERY, AL 36124 334.260.0600

AUTHORIZATION FOR CREDIT AND BACKGROUND CHECK

DISCLOSURE

By signing below, you acknowledge and understand that in connection with your application with Alpha Ministries, consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including but not limited to consumer credit, criminal records, driving history records, education records, previous employment history, workers compensations claims history, social security traces, military records, professional licensure records, eviction records and others. You further understand that these reports may include experience information along with reasons for termination of past employment. Furthermore, you understand that information from various Federal, State, local and other agencies which contain information about your past activities will be requested. You are hereby notified that you have the right to request a copy, upon proper identification and the payment of any legally permissible fees, of the above investigative background report contained in Alpha Ministries files on you at the time of your request.

AUTHORIZATION

By signing below you hereby authorize, without reservation, any party or agency contacted by this organization to furnish the above mentioned and requested information. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Alpha Ministries with any and all background information in their possession regarding you, in order that your qualifications may be evaluated.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, you certify you have read and fully understand this disclosure and authorization, all of the information you are providing is true, complete, correct and accurate, and you acknowledge that you have received the attached summary of your rights under the Fair Credit Reporting Act (15 U.S.C. 1681 et seq.)

The following is information required in order for TRAK-1 TECHNOLOGY to obtain a complete consumer report.

PRINT FULL LEGAL NAME (First, Full Middle Name, Last Name)				
STREET ADDRESS				
CITY	STATE	ZIP		
SOCIAL SECURITY NUM	BER	DATE OF BIRTH		
DRIVER'S LICENSE NUMBER		ISSUING STATE		
OTHER OR FORMER N	IAMES (aka, maiden names, mar	ried names, surnames etc.)		
CONSUMER'S SIGNATUI	RE	DATE		





Pastoral Recommendation Form

I,	(Senior Pastor),
recommend	(Candidate):
To the Alpha Conference as a cand Local Church Minister: Minister's License Ordination	
	l to the local church, has demonstrated ualities, and other evidences of a call
☐ This candidate has exhibited fai	ithfulness to tithe into the local church.
☐ This candidate is also recomme	ended by the congregation of
International Pentecostal Holin	ess Church.
Remarks:	
Pastor's Signature	Date



THE ALPHA CONFERENCE OF THE INTERNATIONAL PENTECOSTAL HOLINESS CHURCH

Stewardship Recommendation Form

(Candidate's name)	
has been faithful to the	Church
with their tithes and offerings.	
He/she has given	(insert the amount paid
in tithes and offering during the year of	·
Date	Secretary/Treasurer