

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 credentials in the IPHC? Yes No

13. Have you read the IPHC 2013-2017 IPHC Manual? Yes No

14. Are you in agreement with the Articles of Faith of the IPHC? Yes No

15. Are you in agreement with the Covenant of Commitment and Guidance of the IPHC? Yes No

16. Do you know without a doubt that you are called of God into Christian ministry? Yes No

17. What is your ministry calling? Pastor Evangelist Other _____

18. Type of ministry in which you are currently engaged _____

19. Supervisor (if applicable) _____

Name

Address

City/State/Zip

Phone

20. CHURCH LEADERSHIP (use additional paper if needed)

POSITION HELD	BRIEF SUMMARY OF EXPERIENCE IN CHURCH LEADERSHIP	DATES (From mm/yy – To mm/yy)

21. If you are applying for a license other than a local church minister's license, do you understand you are amenable to the quadrennial conference and the conference executive council? Yes No

22. 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 failure to comply with the tithing rule could mean a forfeiture of your credentials? Yes No

24. Will you cooperate with the denominational programs at the local, conference, and general levels and lead your people by example? (This includes reporting systematically and consistently on forms provided.) Yes No

25. Have you ever, for any reason, been dismissed from another organization or had your credentials revoked? Yes No If Yes, explain, giving the name of the organization and reason for dismissal on a separate sheet of paper.

26. If you reach a place where you are out of harmony with the ministry vision of the IPHC, will you surrender your license/ordination certificate to your conference superintendent? 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 NUMBER

DATE OF BIRTH

DRIVER'S LICENSE NUMBER

ISSUING STATE

OTHER OR FORMER NAMES (aka, maiden names, married names, surnames etc.)

CONSUMER'S SIGNATURE

DATE



Pastoral Recommendation Form

I, _____ (Senior Pastor),
recommend _____ (Candidate):

To the Alpha Conference as a candidate for:

- Local Church Ministers Certificate
- Minister's License
- Ordination

- This candidate has been faithful to the local church, has demonstrated spiritual maturity, leadership qualities, and other evidences of a call to the ministry.

- This candidate has exhibited faithfulness to tithe into the local church.

- This candidate is also recommended by the congregation of _____
International Pentecostal Holiness 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