

**Application for Pastoral Appointment  
Indiana Conference  
The United Methodist Church**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(The Social Security number would be very helpful, but we understand that we cannot mandate you to produce it.)

Check one:     Single         Married         Divorced

Spouse's name and date of birth: \_\_\_\_\_ Spouses Social Security Number \_\_\_\_\_

Children (names and birthdates): \_\_\_\_\_

\_\_\_\_\_

If not a US citizen, do you have proof you can be employed in the US?     Yes     No

Please state your documentation and attach copies.

\_\_\_\_\_

Applying for:     Full-Time         Part-Time

Present cash salary \$ \_\_\_\_\_

Itemize other present benefits: \_\_\_\_\_

Do you have financial obligations (*debts, child support, garnishments, etc. that require special salary considerations?*)

\_\_\_\_\_

When could you start? \_\_\_\_\_

Are there limitations on appointment and/or location?

\_\_\_\_\_

Current credentials now held for ordained ministry (*please attach copies*)

Denomination or Conference \_\_\_\_\_

If changing denomination or conference, what is your reason? (*Use separate sheet to explain.*)

Can you verify your appointment status, i.e. that you are, in fact, appointable?  YES  NO  
How? (*Please show by attachments or references to pages of the Journal/Yearbook of your Annual Conference of Judicatory.*) \_\_\_\_\_  See attached.

If you are a United Methodist, what is your current relationship to the Annual Conference?  
(*i.e. effective, leave of absence, etc.*) \_\_\_\_\_

Any restrictions to your credentials? (*Identify*) \_\_\_\_\_

Theological seminary and degree and date: \_\_\_\_\_

Undergraduate school and degree and date: \_\_\_\_\_  
(*Please provide copies*)

Ministerial service record: (w/month and year)

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Psychological:

1. Please check which of these psychological tests you have had within the past two years:
  - Adjective Check List
  - Shipley Institute of Living Scale
  - Strong Interest Inventory
  - Bible Inventory
  - MMPI-2 (Minnesota Multiphase Personality Inventory-2)
  - Management of Difference Exercise
  - Personal Orientation Inventory
  - Proverbs
  - Sack Sentence Completion

2. Are you willing to release the results of these tests?  Yes  No

3. If you have not had psychological tests, would you be willing to take them?  Yes  No

Have your credentials ever been suspended for any reason?  Yes  No  
If yes, state reason:

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Is there anything in your past or current life that if made known or became public, would bring embarrassment to you, a congregation, or the annual conference?  Yes  No  
If yes, state reason:

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Have you ever been accused of sexual misconduct?  Yes  No  
(If yes, use a separate sheet to explain.)

Have you ever had an addiction problem?  Yes  No  
(If yes, use a separate sheet to explain.)

Have you ever been arrested or convicted of any misdemeanor or crime?  Yes  No  
(If yes, use a separate sheet to explain.)

Do you presently hold a valid driver's license?  Yes  No  
If yes, state reason:

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Are you willing to submit to a comprehensive background check?  Yes  No

List any physical or emotional or mental impairments which may interfere with your ability to do ministry. This information will not be used in any manner which as the effect of discriminating against qualified handicapped individuals.

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Please make any comments you feel pertinent to your application.

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To this end, they agree to exercise responsible self-control by personal habits conducive to bodily health, mental and emotional maturity, integrity in all personal relationships, fidelity in marriage and celibacy in singleness, social responsibility, and growth in grace and in the knowledge and love of God.  
(The 2012 Book of Discipline ¶304.2, Page 219)  Yes  No

**References:**

(The listing of references implies consent to contact unless otherwise noted.)

**Board of Ordained Ministry** *(or person in credentialing)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**District Superintendent** *(or supervising person)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Bishop** *(or judicatory head)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Colleague Pastor**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Lay Person** *(who has known you for 10 years)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Lay Person** *(who has worked closely with you in a congregational setting)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

*I hereby certify that the information contained in this application form is true and correct and I authorize contact of any of my schools, former employers, and other references unless otherwise stated. This is to be done for the purpose of collecting information and an account of the experiences with me. I agree to hold any or all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records.*

*I understand that if I am appointed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal. I also understand that I may be required to successfully complete a medical examination and/or psychological exam before appointment. This agreement does not bind either party for any specific period regarding appointment.*

Signature \_\_\_\_\_ Date \_\_\_\_\_