



**Application for Church Assignment / Appointment  
Indiana Conference of The United Methodist Church**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Are there limitations on location?

\_\_\_\_\_

**Background Questions:**

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 *(If necessary, use a separate sheet to explain.)*:

\_\_\_\_\_

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 "No", state reason:

\_\_\_\_\_

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

Do you "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 2016 Book of Discipline, ¶ 304.2, Page 226)*  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 has the effect of discriminating against qualified handicapped individuals.)*

Please make any comments you feel pertinent to your application.

**Psychological Assessment:**

1. Please check which of these psychological assessments you have had within the past two years:
  - Adjective Check List
  - Shipley Institute of Living Scale
  - Strong Interest Inventory
  - Bible Inventory
  - MMPI-2 (Minnesota Multi-phasic Personality Inventory-2)
  - Management of Differences Exercise
  - Personal Orientation Inventory
  - Proverbs
  - Sack Sentence Completion
  
2. Are you willing to release the results of these assessments?  Yes  No
  
3. If you have not had psychological assessments, would you be willing to take them?  Yes  No

**For Persons with Credentials from a Different Annual Conference or Denomination:**

*(For those applying for Serving in Supply Status, please skip this section)*

Current denomination or annual conference of membership: \_\_\_\_\_

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

\_\_\_\_\_

If coming from another denomination or annual conference, what is your reason? *(If necessary, use a separate sheet to explain.)*

\_\_\_\_\_

Can you verify your appointment status, i.e. that you are, in fact, appointable?  Yes  No  
*(Please attach documentation from annual conference or judicatory)*

If you are a member of another United Methodist annual conference, what is your current relationship to the annual conference? *(i.e. active appointment, leave of absence, etc.)*

\_\_\_\_\_



Are there any restrictions to your credentials?  Yes  No  
*(If yes, please use separate sheet to explain)*

Have your credentials ever been suspended for any reason?  Yes  No  
*(If yes, please use separate sheet to explain)*

Theological Seminary, degree, and date: \_\_\_\_\_

Undergraduate School, degree, and date: \_\_\_\_\_

**Ministerial Service Record:**

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

Church Name: \_\_\_\_\_ City & State \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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

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

Church Name: \_\_\_\_\_ City & State \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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

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

Church Name: \_\_\_\_\_ City & State \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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



**Pastor Colleague**

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

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

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

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

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

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

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

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

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

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

Email 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/assigned, 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/assignment.*

Signature: \_\_\_\_\_

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