

APPLICATION FOR PASTORAL APPOINTMENT

Dakotas Conference
The United Methodist Church

RETURN TO: Rev. Keith Nelson
District Superintendent
1223 Eagles View Lane
Bismarck, ND 58503

NAME _____

ADDRESS _____
street city state zip code

TELEPHONE (work) _____ (home) _____

Date of Birth ____ / ____ / ____ Social Security Number ____ - ____ - ____ (this item would be very helpful, but we understand that we cannot mandate you to provide it.)

Circle one: Single Married Divorced
Spouse's name and Date of Birth _____ / ____ / ____

Children (Names and ages) _____

If not a U.S. Citizen, do you have proof you can be employed in the U.S.?

Yes _____ No _____

Please state your documentation _____

Applying for: Full Time _____ Less Than Full Time _____

Present Cash Salary \$ _____ Itemize other present benefits _____

Salary required if appointed: Cash Salary \$ _____ Other benefits (List Benefits
Required) _____

Do you have financial obligations (debts, child support, garnishments, etc.) that require special
consideration? _____

When could you start? _____

Are there limitations on appointment and/or location? _____

Current Credentials now held for ordained ministry: _____

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 or Judicatory)

If you are a United Methodist, what is your current relationship to the Annual Conference? (e.g., Effective, Leave of Absence, etc.)

Any restrictions to your credentials? (Identiry) _____

Theological Seminary and Degree _____

Undergraduate School and Degree _____

Ministerial Service Record: Position _____

Reason for Leaving _____

Position _____

Reason for Leaving _____

Position _____

Reason for Leaving _____

Position _____

Reason for Leaving _____

Have your credentials ever been reviewed or suspended for any reason? No _____ Yes _____

(If yes, state reason) _____

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

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

Have you ever been arrested or convicted of any misdemeanor or crime? Yes _____ No _____ (If yes, explain.) _____

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

Do you presently hold a valid driver's license? Yes _____ No _____ (If no, explain.)

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. (Use additional sheet to explain.)

Please make any comments you feel pertinent to your application. (Use additional sheet.)

“For the sake of the mission of Jesus Christ in the world and the most effective witness to the Christian gospel and in consideration of your influence as an ordained minister, are you willing to make a complete dedication of yourself to the highest ideals of the Christian life; and to this end will you agree to exercise responsible self-control by personal habits conducive to physical health, intentional intellectual development, fidelity in marriage and celibacy in singleness, integrity in all personal relationships, social responsibility, and growth in grace and the knowledge and love of God?” (The Book of Discipline, Par. 335a)(6) Yes _____ No _____

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

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

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, or other references unless otherwise stated. This is to be done for the purpose of collecting information and an account of their 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 employment.

Date _____ Signature _____