



Note: After filling out this application, please send, together with the application, **\$35.00** for the processing cost. Thank you.

APPLICATION FOR:

(Please check the appropriate box for the credential you desire)

- | | |
|--|--|
| <input type="checkbox"/> Local Church Minister's License | <input type="checkbox"/> Ordination |
| <input type="checkbox"/> Minister's License for: | <input type="checkbox"/> Reinstatement |
| <input type="checkbox"/> Pastoral/Evangelist | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Discipleship Ministries | |
| <input type="checkbox"/> Music Ministry | |

*Attach a recent photo
or yourself here*

PERSONAL:

1. Your Full Name _____
Address _____
City _____ State _____ Zip _____
2. Phone: Hm (____) _____ Work (____) _____ Cell (____) _____
3. E-mail address _____
4. Date of Birth ____/____/____ Place of Birth _____
5. Nationality _____
6. Sex: ☐ Male ☐ Female
7. (If applicable) Wedding Date: _____
8. Current Marital Status: ☐ Single ☐ Married ☐ Divorced * ☐ Widow
(Please include a copy of the divorce decree and give details of divorce along with circumstances - use separate sheet of paper.)*
9. Spouse's Full Name _____
10. Spouse's Date of Birth _____
11. Do you have any prior marriages? ☐ Yes ☐ No
- * If yes, how was the marriage terminated? Divorce ☐ Death ☐ Annulment ☐
12. Names and ages of children: _____

13. Give three references:

Name _____

Address _____

City/State/Zip _____

Phone _____

Name _____

Address _____

City/State/Zip _____

Phone _____

Name _____

Address _____

City/State/Zip _____

Phone _____

14. Have you ever been charged and/or convicted of a felony or misdemeanor (excluding minor traffic offenses)?

No ☐ Yes ☐

(If yes, explain charge or conviction – use separate sheet of paper & attach to this application).

15. Have you ever been charged and/or convicted of child molestation, child abuse, or sexual offenses of any nature?

No ☐ Yes ☐

(If yes, explain charge or conviction – use separate sheet of paper & attach to this application).

16. The following questions are not intended to be overly intrusive, but rather, in a highly sensitive area, to clarify the applicant's qualifications for ministry. The committee responsible for screening applicants has determined the value of these questions as appropriate in the interests of applicants' full disclosure. ***If you answer "yes" to any of these questions, please include a separate sheet of paper explaining the circumstances, plus describe any counseling, or restoration programs you have completed in response to these issues, and attach to this application.***

a. Have you ever had an extra-marital affair involving sexual physical intimacy with another person outside the covenant of your marriage? No ☐ Yes ☐

b. Have you ever had an emotional affair with another person? An emotional affair includes an obsession with someone outside the covenant of your marriage involving inappropriate contact (phone, personal meetings, letters, e-mails, any social media, etc.), and/or time spent with that person in improper places (private settings, or in questionable contexts or situations. No ☐ Yes ☐

c. Have you ever had an addiction to pornography or sexual fantasy? No ☐ Yes ☐

EMPLOYMENT HISTORY:

1. Current or last place of employment:

<u>Company/Church Name</u>	Phone #
Address	Direct Supervisor
City/State/Zip	Date of Employment
Job Title/Responsibility	Annual Salary

2. Other Employment in the last ten years:

<u>Company/Church Name</u>	<u>Job Title/Responsibility</u>	<u>Salary</u>	<u>Dates of Employment</u>
1.			
2.			
3.			
4.			

EDUCATION:

1. Circle highest grade/level completed

High School	8	9	10	11	12	Year Graduated _____
College	1	2	3	4	(+)	Year Graduated _____
Graduate/Seminary	1	2	3	4	(+)	Year Graduated _____

2. List below the Bible schools, colleges, or seminaries you have attended. List any degree earned, program completed, recognition received, and dates awarded.

(Forward copies of transcripts to Conference Office) _____

List any additional relevant course work and/or equivalent training completed, where completed, and dates completed:

3. Have you completed the International Pentecostal Holiness Church Prescribed Study Program?

Yes ☐ (First Year ☐ Second Year ☐ Third Year ☐ No ☐

4. Would you be willing to take additional training offered by the Texas Latin Conference School of Ministry?

Yes ☐ No ☐

CHRISTIAN/CHURCH EXPERIENCE:

1. When did you accept Jesus Christ as your personal Savior? _____

2. Have you been baptized in water according to Matthew 28:19? Yes ☐ No ☐

3. Briefly explain the spiritual experience of sanctification as a crisis event subsequent to regeneration, and how it is continued as a life-long process of Christian development.

4. Have you been baptized with the Holy Spirit with the initial evidence of speaking with other tongues as presented in Acts 2:4; 10:44, 46; 19:6? Yes ☐ No ☐

5. Do you embrace the doctrine of Initial Evidence at the time of Holy Spirit Baptism? Yes ☐ No ☐

6. How long have you been a member of the IPHC? _____

7. Location of current church membership _____

8. Have you previously held credentials with the IPHC, or another denomination?

Yes ☐ No ☐

If yes, when/ with whom? _____

What type of credential did you hold?

☐ Local Church Minister ☐ Licensed Minister ☐ Ordination ☐ Other

9. Have you ever been dismissed from another organization or had your credentials revoked?

Yes ☐ No ☐

If yes, explain, giving the name of the organization and the reason for dismissal. _____

10. Are you certain that you are called into Christian ministry? Yes ☐ No ☐

11. What is your ministry calling? Pastor ☐ Evangelist ☐ Teacher ☐ Other ☐

If Other (please explain) _____

12. In what type of ministry are you currently engaged within or without your local church?

Your Supervisor, if applicable _____

13. Give a brief summary of your experience in church leadership _____

14. If you are applying for a local church minister's license, do you understand you are amenable to your pastor and local church? Yes ☐ No ☐

15. 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 ☐

16. Are you a faithful and consistent tither? Yes ☐ No ☐

(Attach a record of your Tithing Report from your Local Church for the past year)

17. Will you take advantage of the opportunities made available for training (TLC School of Ministry), instruction, information and inspiration? Yes ☐ No ☐

18. Upon receiving a credential do you commit to fulfilling the Continuing Education requirement for ministers as stated in the current *IPHC Manual*? Yes ☐ No ☐

19. Have you read the Bible through at least once? Yes ☐ No ☐

20. Do you believe the Bible to be the inerrant Word of God? Yes ☐ No ☐

21. Have you read the current *IPHC Manual*? Yes ☐ No ☐

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

23. Are you in agreement with the Covenant of Commitment of the IPHC?
(See section: "Constitution, Article VII", *IPHC Manual*) Yes ☐ No ☐

24. Are you in agreement with the sections of the current *IPHC Manual* pertaining to Clergy?
Yes ☐ No ☐

25. Will you cooperate with the denominational programs at the local, conference and general levels and lead your people by example? *(This includes sending your monthly reports)* Yes ☐ No ☐

26. Will you be faithful to the sacred trust of the ministry by diligence, by uprightness in business matters, by ministerial ethics and courtesy, by self-sacrifice, by purity, by avoiding the very appearance of evil, and cherish the anointing of the Holy Spirit, even unto death? Yes ☐ No ☐

27. If you reach a place where you are out of harmony with the ministry vision of the IPHC, will you surrender your credential to your conference superintendent? Yes ☐ No ☐

28. Why do you want to pursue ministerial credentials in the Texas Latin Conference, and how will this help you accomplish your goals?

(Please include a typed answer to this question, and attach it to this application.)

** All shaded items must be included with submitted application*

Signature of Applicant

_____/_____/_____
Date of Application

Note: *If not a transfer of credentials, skip the following section and proceed to the next section below.*

FOR TRANSFERS ONLY:

Transferring from what denomination/fellowship?	
Current position/place of ministry	
Supervisor if applicable	Phone #
Other positions held: <input type="checkbox"/> Senior Pastor <input type="checkbox"/> Missionary; <input type="checkbox"/> Bible College Instructor <input type="checkbox"/> Church staff <input type="checkbox"/> Other (explain) <input type="checkbox"/> Evangelist	

INFORMATION AUTHORIZATION AND RELEASE

I, the undersigned, having filed an application for credentials with the Texas Latin-American Conference (herein referred to as "Conference") of the International Pentecostal Holiness Church consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation, fitness for the ministry, and such further information as may be received by or reported to the above-named Conference. I agree to give any further information that may be required in reference to my past history.

I authorize and request every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me to furnish to the Conference of the International Pentecostal Holiness Church any such information, including documents, records, or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the above-named Conference or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate the Conference of the International Pentecostal Holiness Church, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the above-named Conference. The Conference of the International Pentecostal Holiness Church shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.

I have read and signed the foregoing Authorization and Release as my own free act and deed.

Signature _____

STATE OF _____ COUNTY OF _____

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public

My commission expires: _____

AUTHORIZATION AND RELEASE

CRIMINAL BACKGROUND HISTORY

I, the undersigned, having filed an application for credentials with the Texas Latin-American Conference of the International Pentecostal Holiness Church consent to secure a criminal background history on me as an individual and will furnish a copy of that report to the Conference office. I understand that I am responsible for the cost of obtaining this history report.

I hereby release, discharge, and exonerate the Texas Latin-American Conference of the International Pentecostal Holiness Church, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the above-named Conference. The said Conference shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.

I have read and signed the foregoing Authorization and Release as my own free act and deed and included my \$35.00 background check fee.

Signed: _____

Please complete the following and return to us along with your completed application:

Please print clearly

Name: _____ Date of Birth: _____

Address: _____

Race: _____ Gender: ☐ Male ☐ Female

Social Security Number: _____

Driver's License Number: _____ State: _____

E-Mail Address: _____

Ministerial Credentials Recommendation Letter

(Recommendation of Pastor and Local Church)

I, _____ (pastor),

recommend _____ (Credentials candidate) to the Conference
as a candidate for:

(Pastor --Please check the appropriate box for the credential for which this candidate is being recommended.)

☐ **Local Church Minister's Certificate**

☐ **Minister's License**

☐ **Ordination**

He/She has been faithful to the local church, has demonstrated spiritual maturity, leadership
qualities, and other evidences of a call to the ministry. He / She is also recommended by
_____ Pentecostal Holiness Church.

(Name of Church):

Remarks: _____

Date

Pastor's Signature

Date

Church Secretary's Signature

.....

INTERVIEW

For 1st step Local Church Minister License applicants – **THE SENIOR PASTOR DOES THE INTERVIEW.**

(Note: The Conference Exec. Committee only interviews Minister License and Ordination applicants)

Senior Pastor, please fill out this form after the interview.

I, Pastor _____ have **interviewed** (Exht. Applicant) _____ and
he/she has satisfied the requirements of good character, sound mind, and a humble spirit. He/she has expressed a
genuine call to the ministry and is willing to be amenable to the senior pastor of this local church.

Signature of Senior Pastor: _____ Church: _____

Date of interview: _____

Please send this application to:

Texas Latin Conference

P.O. Box 1319

League City, TX 77574-1319

Texas Latin-American Conference
Of the International Pentecostal Holiness Church
PO Box 1319, League City, TX 77574-1319

EVALUATION FORMS ON NEXT 2 PAGES

2 FORMS TO GIVE OUT *

APPLICANT (PLEASE READ CAREFULLY):

For questions please call the Conference Superintendent

*PLEASE SEND OR GIVE ONE FORM TO **EACH** OF THE FOLLOWING:

1. **YOUR LOCAL CHURCH PASTOR**
2. **A PERSON OF YOUR CHOICE WHOM YOU BELIEVE WOULD MAKE AN UNBIASED ASSESSMENT OF YOUR PERSONALITY AND ABILITIES.**

NOTE: THE INDIVIDUAL IN CATEGORY TWO SHOULD **NOT** BE RELATED TO YOU BY FAMILY.

EACH OF THESE REFERRAL PERSONS WILL MAIL THE EVALUATION DIRECTLY TO THE TEXAS LATIN CONFERENCE OFFICE AT
TEXAS LATIN CONFERENCE, P.O. BOX 1319, LEAGUE CITY, TX 77574-1319

IT IS RECOMMENDED THAT YOU INCLUDE A PROPERLY ADDRESSED, STAMPED ENVELOPE WITH EACH FORM THAT YOU GIVE TO
EACH REFERRAL PERSON.



EVALUATION OF APPLICANT FOR MINISTERIAL CREDENTIALS

Texas Latin Conference, IPHC

I. Applicant Info

____ Member of _____
Name of applicant: _____ Name of Church, City, St. _____

has applied for ministerial credentials in Texas Latin Conference of the International Holiness Church. The Conference Executive Council and Credentials Committee would appreciate your frank and unbiased estimate of this applicant as a potential minister of the Gospel of Jesus Christ, holding credentials in this organization. Under law, the applicant may examine this evaluation in his/her file any time unless the applicant waives the right to review this evaluation.

☐ I waive my right to review or examine this evaluation, and your comments will be treated confidentially.

Signed by applicant: _____

☐ I reserve the right to review or examine this evaluation.

Signed by applicant: _____

II. Evaluation by REFERRAL INDIVIDUAL

A) How long have you known the applicant? _____

B) In what capacity? _____

C) To your knowledge, has the applicant lived a consistent Christian life? ☐ YES ☐ NO

In not, please explain; use the back of this sheet if necessary. _____

D) Please give your evaluation of the applicant by rating him/her on the following items:

	WEAK									STRONG
1. Seriousness of purpose	1	2	3	4	5	6	7	8	9	10
2. Self-motivation	1	2	3	4	5	6	7	8	9	10
3. Concern for others	1	2	3	4	5	6	7	8	9	10
4. Emotional stability	1	2	3	4	5	6	7	8	9	10
5. Ministerial potential	1	2	3	4	5	6	7	8	9	10
6. Personality	1	2	3	4	5	6	7	8	9	10
7. Honesty	1	2	3	4	5	6	7	8	9	10
8. Family relationships	1	2	3	4	5	6	7	8	9	10
9. Morality	1	2	3	4	5	6	7	8	9	10

E) Would you recommend this applicant's ministerial character without reservations? ☐ YES ☐ NO

Please use the back of this sheet if necessary for comments.

Print NAME _____ Position/Occupation _____

ADDRESS _____

DATE _____ PHONE _____

Sign _____



EVALUATION OF APPLICANT FOR MINISTERIAL CREDENTIALS

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☐ I waive my right to review or examine this evaluation, and your comments will be treated confidentially.

Signed by applicant: _____

☐ I reserve the right to review or examine this evaluation.

Signed by applicant: _____

II. Evaluation by REFERRAL INDIVIDUAL

A) How long have you known the applicant? _____

B) In what capacity? _____

C) To your knowledge, has the applicant lived a consistent Christian life? ☐ YES ☐ NO

In not, please explain; use the back of this sheet if necessary. _____

D) Please give your evaluation of the applicant by rating him/her on the following items:

	WEAK								STRONG	
10. Seriousness of purpose	1	2	3	4	5	6	7	8	9	10
11. Self-motivation	1	2	3	4	5	6	7	8	9	10
12. Concern for others	1	2	3	4	5	6	7	8	9	10
13. Emotional stability	1	2	3	4	5	6	7	8	9	10
14. Ministerial potential	1	2	3	4	5	6	7	8	9	10
15. Personality	1	2	3	4	5	6	7	8	9	10
16. Honesty	1	2	3	4	5	6	7	8	9	10
17. Family relationships	1	2	3	4	5	6	7	8	9	10
18. Morality	1	2	3	4	5	6	7	8	9	10

E) Would you recommend this applicant's ministerial character without reservations? ☐ YES ☐ NO

Please use the back of this sheet if necessary for comments.

Print NAME _____ Position/Occupation _____

ADDRESS _____

DATE _____ PHONE _____

Sign _____