



FIRST BAPTIST CHURCH OF PACIFIC GROVE

246 Laurel Avenue Pacific Grove, CA 93950

(831) 373-0330 * Fax (831)373-0330

www.firstbaptistpg.com

blessings@firstbaptistpg.com

APPLICANT INFORMATION

Last Name First M.I. Date

Street Address Apartment/Unit #

City State ZIP

Phone Email Address

Date Available Social Security No. Desired Salary

Position Applied for Pastor

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? Yes No

Have you ever served as pastor? YES NO If so, when?

Have you ever been convicted of a felony? YES NO If yes, explain

EDUCATION

High School Address

From To Did you graduate? YES NO

College Address

From To Did you graduate? YES NO

Other Address

From To Did you graduate? YES NO

REFERENCES

Please list three professional references

Full Name Relationship

Company Phone ()

Address

Full Name Relationship

Company Phone ()

Address

Full Name Relationship

Company Phone ()

Address

PREVIOUS EMPLOYMENT

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Company/Church Phone ()

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reasons for Leaving

May we contact your previous supervisor for a reference? Yes No

Company/Church Phone ()

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reasons for Leaving

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May we contact your previous supervisor for a reference? Yes No

MILITARY SERVICE

Branch From To

Rank at Discharge Type of Discharge

If other than honorable, explain

FAMILY DATA

Married Yes No

Date of Marriage:

Spouse's major interests, training and attitude towards vocation?

Children Yes No

How many?

Name: Date of Birth:

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Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

PROFESSIONAL EXPERIENCE:

Are you licensed? Yes No Date: _____ Name of Church: _____

Are you ordained? Yes No Date: _____ Name of Church: _____

What cultures do you work in best? Explain.

List denominational, community and other activities or organizations in which you have participated in recently?

PROFESSIONAL EVALUATION

Which of the New Testaments gifts do you operate?

What do you conceive your task as a a minister to be?

Appraise yourself in the following functions of ministry:

1.Preaching: (How do you feel about its importance in relationship to your ministry? What type do you use most often- topical or expository?)

2.Teaching: (What methods do you use? What age group are you best with?)

3. Evangelism: (What place does it have in your ministry? What methods have you used?)

4. Visitation: (How important do you feel it is in relation to your ministry?)

5.Counseling: (Evaluate your abilities)

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6.Adminstration:(List type of administration in which you have been involved. Evaluate your abilities

Rank the above six functions of ministry in the order of where you feel most competent: (#1-most competent, #6-least competent)

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

PERSONAL EVALUATION

Describe your leadership philosophy:

What are the three most significant books you have read and why?

- 1.
- 2.
- 3.

What health and/or physical limitations do you have?

How do you spend your leisure time? What are your hobbies?

What is your greatest strength?

What is your greatest weakness?

List three things that gives you the greatest sense of accomplishment in your recent or most recent ministry.

- 1.
- 2.
- 3.

List three things that gives you the greatest sense of disappointment in your recent or most recent ministry.

- 1.
- 2.
- 3.

List any books, articles for professional journals, etc. that you have published.

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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of knowledge.

If this application leads to my selection as pastor, I understand that false or misleading information in my application or interview may result in my release.

Signature

Dates
