

**GREATER CORINTH BAPTIST CHURCH**  
**500 South New Braunfels Avenue**  
**San Antonio TX 78203**

**APPLICATION FOR PASTOR**

**Personal Data**

Date Available _____	Desired Salary: _____
1. Name: _____ / _____ / _____	
Last	First
Middle	Social Security Number
2. Address: _____	
Number & Street	City
State	Zip Code
3. Date of Birth: ___/___/___ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Name of Spouse: _____ Number of Children: _____	
4. Phone: ___/___/___ Office: _____ Other: _____	

**Education and Training**

5. Complete all applicable information below pertaining to your educational attainment and/or continuing education

Type of School	School Name and Location	Type of Diploma or Degree Earned	Major		Minor		To	From
			Major	Hrs	Minor	Hrs		
College, University, Seminary, etc.								
OTHER: Courses/Titles Dates Seminars/Titles Dates								
PASTORAL CREDENTIALS/ Please provide copies of License and Ordination documents	Date licensed ___/___/___ Licensing Church: _____							
	Church Address: _____							
	Pastor: _____							
	Ordination Date ___/___/___ Ordaining Church: _____							
	Church Address: _____ Pastor: _____							

FOREIGN LANGUAGES YOU CAN:  Speak  Read  Write

\_\_\_\_\_

\_\_\_\_\_

SPECIAL QUALIFICATIONS (Summarize special skills and/or qualifications you possess and feel enhance your candidacy for this appointment):

6. On a separate sheet of paper, please articulate your conversion experience.

**PASTORAL AND MINISTERIAL HISTORY**

**7. In the space below, give your pastoral/ministerial history. Begin with your present or most recent position.**

NAME OF CHURCH		FROM:	TO:
ADDRESS:		PASTOR'S NAME:	
(If you were not the pastor)			
PHONE:	Number of Members	Number of Staff you Supervised	
POSITION TITLE		Salary	
REASON FOR LEAVING:			
Briefly describe the work you performed			

NAME OF CHURCH		FROM:	TO:
ADDRESS:		PASTOR'S NAME:	
(If you were not the pastor)			
PHONE:	Number of Members	Number of Staff you Supervised	
POSITION TITLE		Salary	
REASON FOR LEAVING:			
Briefly describe the work you performed			

NAME OF CHURCH		FROM:	TO:
ADDRESS:		PASTOR'S NAME:	
(If you were not the pastor)			
PHONE:	Number of Members	Number of Staff you Supervised	
POSITION TITLE		Salary	
REASON FOR LEAVING:			
Briefly describe the work you performed			

**OTHER EMPLOYMENT**

EMPLOYER/NAME/ADDRESS	POSITION	EMPLOYMENT DATE From / To	SALARY	REASON FOR LEAVING

8. Are you a registered voter?  Yes  No

		Local	State	National
9. LIST YOUR ORGANIZATIONAL AFFILIATIONS	CHRISTIAN			
LIST ANY OFFICES YOU HELD IN THE ABOVE	CIVIC/POLITICAL			

10. Why are you interested in the pastorate of this church?

**REFERENCES**

11. List a college professor, pastor and layman who are not related to you by blood or marriage (who have not already been listed in item 7) who can comment on your pastoral experience

Full Name	Occupation	Phone	Address
		Ofc	
		Hm	
		Ofc	
		Hm	
		Ofc	
		Hm	

12: In the space below define your pastoral philosophy:

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13. State what you consider to be the most essential aspect of a pastor's duties: \_\_\_\_\_

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14. If presently pastoring, by what percent has your membership grown in the last year? \_\_\_\_\_

15. In one sentence, give your definition of wholistic ministry: \_\_\_\_\_

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16. List below and define ministries or programs you have instituted in your church and feel are vital to the growth of the church: \_\_\_\_\_

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If additional space is needed, enter information under item 19, page 4

**17. CRIMINAL RECORD:** Have you ever been convicted of a felony or a crime involving moral turpitude? Moral turpitude includes crimes of fraud, swindling, and sex-related offenses. You may omit juvenile offenses or convictions that have been set aside after successful completion of a probation period.  Yes  No  
**(If the answer is yes, please give details relating to the date of conviction, the court in which convicted, the case number and the sentence under item 19, page 4)**

**18. CONDITION OF HEALTH:** Have you had a serious mental of physical illness, major surgery, or sustained an injury which could impede the successful performance of your duties?  Yes  No Do you have a chronic health condition which could affect the successful performance of your duties?  Yes  No  
**(If answer is YES to any of the above questions, please explain under item 19, page 4)**

