# APPLICATION FOR THE POSITION OF FORT WALTON BEACH CAMPUS PASTOR CROSSPOINT – NICEVILLE, FLORIDA

Date:				
	PERS	SONAL INFORMATION		
Name (Last, First, Middle	):	Social Security #		
Address				
Number	Street	City	State	Zip
Home Phone:	Other #'s w	vhere you may be reached:		
E-mail Address:				
Are you married? ☐Yes [	□No If "yes," how lor	ng have you been married?		
Are you presently having If yes, give all details:	•	? □Yes □ No		
Have you been divorced?	Has you	r spouse been divorced?		
If yes, explain circumstan	ces surrounding the div	vorce		
Have you ever been conv	icted of a crime other t	han a minor traffic violatior	n? □Yes □ No	If yes, give all details.
How would you describe	your health? □Excelle	nt □ Good □ Poor		
•		doctor for emotional, beha Yes □No If yes, give all		health problems or
What are your passions in	n ministry?			
What are your primary sp	iritual gifts?			
What is your personality	type (if known) accordi	ng to the Myers-Briggs type	e indicator?	
Is there anything in your production of the church? ☐Yes ☐ No	past, that if it were to c	come to light in the future, o	could be an emba	arrassment to our
If ves. give all details.				

#### **EDUCATION INFORMATION**

1	School from which you received your undergraduate degree:		
	Degree/major:		
2	If you have a graduate degree, school you received it from:		
	Degree/major:		
3	Any additional graduate degrees (list schools & degree/major)		
	MINISTRY BACKGROUND		
How long have you served in a full-time, paid ministry position?			
Are you ordained? ☐ Yes ☐ No If yes, with what church or group?			
What a	re your primary responsibilities in your current ministry position?		
_			
	preach in your current position?   No If yes, how often?		
What involvement have you had personally in contemporary worship?			
	PERSONAL BELIEFS AND PRACTICES		
What is your position on divorce and remarriage?			
What is your position on social drinking?			
Do you	Do you personally drink alcoholic beverages? ☐ Yes ☐ No Do you smoke? ☐ Yes ☐ No		
Are you now or have you ever been involved in pornography or gambling? $\square Yes \ \square$ No			
If yes, please describe:			
What is	s your view on stewardship and tithing?		

### PERSONAL BELIEFS AND PRACTICES, continued

Do you personally practice tithing? ☐ Yes ☐ No		
How familiar are you with Wesleyan theology? □Not at all □ Somewhat □ Very		
Is there anything about Wesleyan theology that you are not comfortable with?		
What are your views on the Holy Spirit (gifts, indwelling, fruit, etc.)?		

## PRIOR WORK RECORD (Start with most recent or present employer)

Note: Your previous employers will not be contacted until you give specific permission to do so.

1	Name of Employer:	Phone #			
	Address:				
	Name & Position of Immediate Supervisor:				
	Date of Employment: From month/year to month/year:				
	Position:	Reason for Leaving:			
2	Name of Employer:	Phone #			
	Address:				
	Name & Position of Immediate Supervisor:				
	Date of Employment: From month/year to month/year:				
	Position:	Reason for Leaving:			
3	Name of Employer:	Phone #			
	Address:				
	Name & Position of Immediate Supervisor:				
	Date of Employment: From month/year to month/year:				
	Position:	Reason for Leaving:			
4	Name of Employer:	Phone #			
	Address:				
	Name & Position of Immediate Supervisor:				
	Date of Employment: From month/year to month/year:				
	Position:	Reason for Leaving:			
	(If you have more pas	t places of employment, please attach an additional sheet)			
Does	our present employer know you	are exploring other places of employment?   Yes   No			
-	u have a salary expectation for th	nis position? ☐ Yes ☐ No			

#### **REFERENCES**

(Do not list relatives or previous supervisors)

Name		Phone #
Years known	Occupation	
Name		Phone #
Years known	Occupation	Phone #
Name		Phone #
Years known	Occupation	Phone #
Name		Phone #
Years known	Occupation	
statements on my a	application shall be considered su	fficient cause for dismissal.
•		sonal history and financial and credit record through an
	- · · · · · · · · · · · · · · · · · · ·	noice. I authorize the use of any information in this application
•		ents, and I authorize the references, and any other persons to
•	<b>o</b> , ,.	racter, reputation, and previous employment record. I release
all such persons fro	m any liability or damages on acc	ount of having furnished such information.
	Signature of Applicant	Date

When you have completed this application please e-mail it, <u>along with a short Christian testimony</u> to:

Greg McKinnon, Executive Pastor at <a href="mailto:gmckinnon@crosspoint.church">gmckinnon@crosspoint.church</a>