New Crossing Church

686 Progress Way, Suite 6

Sun Prairie, WI 53590

application@newcrossing.org

**Pastoral Application Form**

Date: Click here to enter a date.

**Personal and Family Information**

1. Name: Click here to enter text. Email: Click here to enter text.  
   Street Address: Click here to enter text.  
   City, State: Click here to enter text. Zip Code: Click here to enter text.  
   Phone: Click here to enter text.
2. Marital Status: Single Married

Wife’s Name: Click here to enter text.

Date of Marriage: Click here to enter text.

1. Names and ages of your children; if any: Click here to enter text.
2. Yearly Salary/Benefits

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Present Yearly Salary/Benefits** |  | **Requested Yearly Salary/Benefits** |
| a. | Salary: Click here to enter text. | a. | Salary: Click here to enter text. |
| b. | Health Insurance: Click here to enter text. | b. | Health Insurance: Click here to enter text. |
| c. | Life Insurance: Click here to enter text. | c. | Life Insurance: Click here to enter text. |
| d. | Retirement: Click here to enter text. | d. | Retirement: Click here to enter text. |
| e. | Professional Expenses: Click here to enter text. | e. | Professional Expenses: Click here to enter text. |
| f. | Other: Click here to enter text. | f. | Other: Click here to enter text. |

**Education and Credentials**

1. Academic Training: List all education and special training beyond high school, beginning with the most recent.

|  |  |  |
| --- | --- | --- |
| **Dates Attended (MM/YYYY)** | **School Name or Certified Organization** | **Degree Earned** |
| From: Please enter date. | Name: Click here to enter text. | Click here to enter text. |
| To: Please enter date. | City, State: Click here to enter text. |  |
| From: Please enter date. | Name: Click here to enter text. | Click here to enter text. |
| To: Please enter date. | City, State: Click here to enter text. |  |
| From: Please enter date. | Name: Click here to enter text. | Click here to enter text. |
| To: Please enter date. | City, State: Click here to enter text. |  |
| From: Please enter date. | Name: Click here to enter text. | Click here to enter text. |
| To: Please enter date. | City, State: Click here to enter text. |  |

1. Are you: Ordained Licensed Neither

If so, Date: Click here to enter text. By what body? Click here to enter text.

Please enter the name and contact information for a point of contact. Click here to enter text.

**Ministry Experience**

1. Please list past and present church or ministry experience, beginning with the most recent:

|  |  |
| --- | --- |
| Church/Ministry: Click here to enter text. | City/State: Click here to enter text. |
| Position: Click here to enter text. | Dates: Click here to enter text. |
| Type of Community: Click here to enter text.  Rural Small Town Suburban Urban | Setting: Click here to enter text. |
| Worship Attendance: Click here to enter text. | Number of full-time staff: Click here to enter text. |
| Denomination or affiliation: Click here to enter text. | |
| Reason for leaving: Click here to enter text. | |
| Explain your responsibilities: Click here to enter text. | |

|  |  |
| --- | --- |
| Church/Ministry: Click here to enter text. | City/State: Click here to enter text. |
| Position: Click here to enter text. | Dates: Click here to enter text. |
| Type of Community:  Rural Small Town Suburban Urban | Setting: Click here to enter text. |
| Worship Attendance: Click here to enter text. | Number of full-time staff: Click here to enter text. |
| Denomination: Click here to enter text. | |
| Reason for leaving: Click here to enter text. | |
| Explain your responsibilities or affiliation: Click here to enter text. | |

|  |  |
| --- | --- |
| Church/Ministry: Click here to enter text. | City/State: Click here to enter text. |
| Position: Click here to enter text. | Dates: Click here to enter text. |
| Type of Community:  Rural Small Town Suburban Urban | Setting: Click here to enter text. |
| Worship Attendance: Click here to enter text. | Number of full-time staff: Click here to enter text. |
| Denomination or affiliation: Click here to enter text. | |
| Reason for leaving: Click here to enter text. | |
| Explain your responsibilities: Click here to enter text. | |

|  |  |
| --- | --- |
| Church/Ministry: Click here to enter text. | City/State: Click here to enter text. |
| Position: Click here to enter text. | Dates: Click here to enter text. |
| Type of Community:  Rural Small Town Suburban Urban | Setting: Click here to enter text. |
| Worship Attendance: Click here to enter text. | Number of full-time staff: Click here to enter text. |
| Denomination or affiliation: Click here to enter text. | |
| Reason for leaving: Click here to enter text. | |
| Explain your responsibilities: Click here to enter text. | |

**Non-Ministry Work Experience**

1. Please list past (or present) employment beginning with the most recent, limiting it to four:

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Dates** | **Company Name & Location** | **Responsibilities** |
| Click here to enter text. | From: Click here to enter date. | Name: Click here to enter text. | Click here to enter text. |
| To: Click here to enter date. | City, State: Click here to enter text. |
| Click here to enter text. | From: Click here to enter date. | Name: Click here to enter text. | Click here to enter text. |
| To: Click here to enter text. | City, State: Click here to enter text. |
| Click here to enter text. | From: Click here to enter date. | Name: Click here to enter text. | Click here to enter text. |
| To: Click here to enter date. | City, State: Click here to enter text. |
| Click here to enter text. | From: Click here to enter date. | Name: Click here to enter text. | Click here to enter text. |
| To: Click here to enter date. | City, State: Click here to enter text. |

**Who Are You**

1. Why are you interested in this position?

Click here to enter text.

1. Is there a particular age group you love pastoring the most and why?

Click here to enter text.

1. How would you describe your God-given hard wiring and how it contributes to your strengths and weaknesses??

Click here to enter text.

1. What are your two greatest weaknesses?

Click here to enter text.

1. What area of your pastoral ministry do you think needs the most growth?

Click here to enter text.

1. Define the role of the pastor as you understand it to be.

Click here to enter text.

1. How do you develop staff and lay leadership?

Click here to enter text.

1. When has your ministry been most impactful and successful?

Click here to enter text.

1. What are your personal spiritual disciplines? How do you hold yourself accountable?

Click here to enter text.

1. How do you understand what unity among churches should look like and the importance of it?

Click here to enter text.

1. Please select your top five *ministry* strengths.

|  |  |
| --- | --- |
| Prioritize 5 |  |
| - | Preaching/teaching |
| - | Discipleship and spiritual formation |
| - | Bible study groups/classes |
| - | Community/Life Groups |
| - | Sunday School program for children or youth |
| - | Marriage ministry |
| - | Men’s ministry |
| - | Pastoral care/visitation |
| - | Leadership vision; compelling plan for future of church |
| - | Missions focus (national and global) |
| - | Prayer and Intercession |
| - | Organizing ministries/Administration |
| - | Developing leaders and volunteers |
| - | Corporate worship |
| - | Promotion of evangelism outreach |
| - | Community outreach |
| - | Strengthening families |
| - | Counseling |

**PHILOSOPHY OF MINISTRY**

Briefly explain your Scriptural understanding of the following:

1. Your view of Scripture.  
   Click here to enter text.
2. Your view of the Godhead.  
   Click here to enter text.
3. Your view of Holy Spirit.  
   Click here to enter text.
4. Your view of baptism.  
   Click here to enter text.
5. How to accomplish the discipleship of others.  
   Click here to enter text.
6. Identity and mission of the church

Click here to enter text.

1. Your preferred church government (elders, line of authority, and congregational government).  
   Click here to enter text.
2. A healthy church.  
   Click here to enter text.
3. Church discipline.  
   Click here to enter text.
4. Worship in the assembly.  
   Click here to enter text.

Please comment on your personal preferences/position regarding the following:

1. Your preference of worship style and music.

Click here to enter text.

1. Your view on tongues and sign gifts.

Ceased Open, but cautious Normative for the church today Other

Please explain: Click here to enter text.

1. Your convictions relating to unmarried couples living together.

Click here to enter text.

1. Explain your position on LGBTQ issues and marriage.

Click here to enter text.

1. Your convictions relating to LGBTQ members attending the church and / or becoming church members.

Click here to enter text.

1. Your scriptural convictions on use of alcoholic beverages.

Click here to enter text.

1. How do you understand God’s grace?

Click here to enter text.

1. Your view of the role of women in the local church.

Click here to enter text.

1. Your understanding of God’s plan of salvation

Click here to enter text.

1. Please indicate the number on the continuum that best shows your position or preference.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **1** | **2** | **3** | **4** | **5** | **4** | **3** | **2** | **1** |  |
| **Church Music** | *Traditional* |  |  |  |  |  |  |  |  |  | *Contemporary* |
| **Worship Style:** | *Formal* |  |  |  |  |  |  |  |  |  | *Informal* |
| **Sermon Style:** | *Expository* |  |  |  |  |  |  |  |  |  | *Topical* |
| **Theology:** | *Calvinistic* |  |  |  |  |  |  |  |  |  | *Arminian* |
| **Church Style:** | *Evangelical* |  |  |  |  |  |  |  |  |  | *Charismatic* |

1. Your self-evaluation of your main spiritual gifts (check no more than five).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Administration |  | Giving |  | Mercy |  | Shepherding/Pastoral |
|  | Discernment |  | Knowledge |  | Prophecy |  | Teaching/Preaching |
|  | Evangelism |  | Faith |  | Service/Helps |  | Wisdom |
|  | Exhortation |  | Leadership |  | Healing |  | Tongues |

1. Please describe your overall philosophy of ministry.

Click here to enter text.

**Criminal and Civil Liability**

For Legal Purposes

These questions assist a local church’s leadership in the effort to be responsible for the care of their church family. It is regretful that we live in a time when it is essential to ask these kinds of questions. False or incomplete answers will be grounds for immediate dismissal. We will be doing a background and financial check of accepted candidates.

1. Have your ever been accused of, engaged in, or investigated for, any sexual misconduct involving a minor or adult, including, but not limited to, child abuse, child molestation, indecent liberties with a child, incest, adultery, sexual harassment, rape, assault, battery, murder, kidnapping, child pornography, sodomy, or sexual contact with a counselee?

Yes No

If yes, explain fully on a separate sheet (identify when and where each accusation was made and how each accusation was resolved).

1. Have you ever been convicted of, or pled guilty or “no contest” to, any criminal offense?

Yes No

If yes, explain fully on a separate sheet (identify when and where each accusation was made and how each accusation was resolved).

1. Have you ever been found liable, or participated in an out-of-court settlement as a defendant, for any offense in a civil lawsuit?

Yes No

If yes, explain fully on a separate sheet (identify when and where each accusation was made and how each accusation was resolved).

1. Has any employer with whom you have been employed at any time in the past ever been sued as a result of your conduct?

Yes No

If yes, explain fully on a separate sheet (identify when and where each accusation was made and how each accusation was resolved).

1. Have you ever been subject to discipline by a religious body?

Yes No

If yes, explain fully on a separate sheet (identify when and where each accusation was made and how each accusation was resolved).

1. I give permission to New Crossing Church, if interested in calling me, to complete a background check, including my police record.

Yes No

**Personal References**

Please list references below, including full addresses, phone numbers, and a brief description of the relationship. These references will be contacted and secondary references may also be sought. Do not list any references that you are related to by marriage or birth. There should be at least one woman within the list of references. They should include:

* No more than two pastors who know you and your work.
* An active elder or ministry leader/deacon of the church *where you are currently serving, or most recently served*.
* Two additional lay persons in the church *where you are currently serving, or most recently served*.
* A business person who knows you well.
* No more than one seminary professor.

1. Name: Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text.

City, State: Click here to enter text. Zip Code: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

1. Name: Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text.

City, State: Click here to enter text. Zip Code: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

1. Name: Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text.

City, State: Click here to enter text. Zip Code: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

1. Name: Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text.

City, State: Click here to enter text. Zip Code: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

1. Name: Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text.

City, State: Click here to enter text. Zip Code: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

1. Name: Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text.

City, State: Click here to enter text. Zip Code: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

Do you want the Search Committee to contact you before they call your references?

Yes No

We appreciate the time you have taken to fill this application out and we will respond to your application.