

**Screening Application for Elected Office (Supervisor Applicant)**

**Date of Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone: Home:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Office:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cell:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **FAX: Office:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Position for which you are seeking to be elected:** \_\_\_\_\_

*All applicants must have a letter of recommendation from the proper authority under which they serve. (Bishops must have a letter from 2 members of the Board of Bishops; Pastors must have a letter from their Jurisdictional Bishop; Supervisor must have a letter from General Supervisor of the Department of Women and their Jurisdictional Bishop and Ministers, Missionaries and Layperson must have a letter from their Pastor.)*

1. **Are you a current Credential Holder?** Yes ☐ No ☐
2. **How long have you been a member of the Church Of God In Christ?**  
\_\_\_\_\_
3. **Have you ever appeared before the Nominating and/or Screening Committee?**  
Yes ☐ No ☐ (If yes, explain/ include date of last appearance.)  
\_\_\_\_\_  
\_\_\_\_\_
4. **Do you currently hold or have you ever held an elected office in the Church Of God In Christ, Inc.** ☐ Yes ☐ No  
If yes, what office, how long and were you reelected? \_\_\_\_\_  
\_\_\_\_\_
5. **If you are an incumbent, are you running for the same position?**  
☐ Yes ☐ No If no, why are you seeking another position?  
\_\_\_\_\_  
\_\_\_\_\_

**Screening Application for Elected Office (Supervisor Applicant)**

**6. List 3 Business, Professional or Church references (cannot be a relative):  
(Names, addresses and phone numbers)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**7. Marital Status:**

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er)

If you have been married more than once, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Number of children:** \_\_\_\_\_

**8. Educational Achievement:**

High School Diploma: ☐ Yes ☐ No Last grade completed? \_\_\_\_\_

Vocational/ Trade School: Years attended: \_\_\_\_\_

Certificate of Completion: ☐ Yes ☐ No

**Vocational/Trade School**

**Degree Earned**

**Specialization**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**College/ University**

**Degree Earned**

**Major**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Screening Application for Elected Office (Supervisor Applicant)**

9. **Please list areas of ministry skill/specialty: (leadership, administration, program, outreach, etc.)**

---

---

**Have you had specific training in the areas listed above?**    ☐ Yes    ☐ No  
**If yes, please explain.**

---

---

10. **Health:**

Do you, or have you experienced any physical, psychological, or emotional conditions which requires treatment?    ☐ Yes    ☐ No

If yes, has this condition impaired your ability to function, or make sound executive and judicious decisions?    ☐ Yes    ☐ No

If no, please explain. \_\_\_\_\_

---

11. **Legal:**

Has any disciplinary action (i.e. removal from an office or position, suspension, termination, etc) ever been taken against you in the church, whether local, jurisdictional, national or other denomination? If yes, explain.

---

---

Have you been arrested or convicted of a felony? If yes, please explain.

---

---

Is there anything in your past that could possibly bring reproach against the Church Of God In Christ? If yes, please explain.

---

---

12. **Military:**

Did you serve in the United States Military?    ☐ Yes    ☐ No

Did you receive an honorable discharge?    ☐ Yes    ☐ No

If no, please explain: \_\_\_\_\_

---

Screening Application for Elected Office (Supervisor Applicant)

13. Please list office(s) or appointed position(s) you hold/ held in the National Church:

<u>Office</u>	<u>Date Appointed/ Elected</u>

**Screening Application for Elected Office (Supervisor Applicant)**

**For Supervisors Only:**

Name of Church of which you are a member? \_\_\_\_\_

Pastor: \_\_\_\_\_

Jurisdictional Bishop: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

How long have you served as a Supervisor? \_\_\_\_\_

In how many Jurisdictions do you serve as Supervisor? \_\_\_\_\_

Are you a member of a church within the Jurisdiction where you serve? \_\_\_\_\_

How long have you been a member of the Church Of God In Christ? \_\_\_\_\_

How long have you served with the pastor of your current church? \_\_\_\_\_

How many churches have you been a member pastor? \_\_\_\_\_

List the positions/ appointments you hold in your local church, jurisdiction or the National Church:

**Office**

**Date Appointed/ Elected**


**Have you ever been a member of another jurisdiction?**    ☐ Yes    ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**(Using only this page, please type or write your answers legibly)**

**(Using only this page, please type or write your answers legibly)**

- Page 6 of 7

**Screening Application for Elected Office (Supervisor Applicant)**

**GENERAL ASSEMBLY  
CHURCH OF GOD IN CHRIST, INC.  
APPLICATION FOR ELECTED OFFICE  
IN THE CHURCH OF GOD IN CHRIST, INC.**

**SIGNATURE PAGE**

I hereby certify that the above information is true to the best of my knowledge. I understand that incomplete or false information may render me ineligible for consideration for the position for which I am being screened. \_\_\_\_\_(initials)

I affirm that Article 3, Section D, Paragraph 9 is included on the Articles of Incorporation of the church(es) that I pastor. \_\_\_\_\_(initials)

I acknowledge that a background and criminal background check will be made of all applicants for the election to an elected office and by being an applicant for an elected position in the Church Of God In Christ, I agree and give permission for both the background and criminal background checks to be conducted on me and that I will be assessed a fee for the background check and a criminal background check. \_\_\_\_ (initials)

If an incumbent, I acknowledge/affirm that during my present term in office, I am not guilty of any of the offences listed in the Church Of God In Manual, the Church Of God In Christ Sexual Misconduct Policies or any offence that would bring reproach against the Church Of God In Christ, Inc. \_\_\_\_\_ (initials)

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**For Internal Purposes Only:**

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_