

Midwest Region Conference

4534 W. Main St.
Decatur, IL 62522
Phone: (260) 244-4042

Application for Local License

Date: _____

Received: _____

Name: _____
(Last) (First) (Middle)

Preferred Name: _____ Gender: _____ Birth Date: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____ Fax: _____

Present Church: _____

Spouse's Name: _____ Anniversary: _____

List and explain previous educational and ministry experiences:

NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information obtained through personal interviews concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment, contract for services or volunteer services with **The Midwest Region Conference of the CGGC**. *A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment, contract for services or volunteer services with The Midwest Region Conference of the CGGC.* You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your Criminal Background, Credit Report and Driving Record by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122 888-215-8296.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize **The Midwest Region Conference of the CGGC** to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my application for and/or continued employment, contract for services or volunteer services through **The Midwest Region Conference of the CGGC**. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above, and have received a Summary of My Rights Under the FCRA. This report may be delivered in either written or electronic form.

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)
(For ID Purposes Only)

Driver's License Number

Driver's License State

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 7 Years) _____

Signature

Date

Check for CA, MN or OK applicants only, if you would like to receive a copy of the consumer report if one is obtained.

Please send this signed document to:

Midwest Region Conference of the Churches of God General Conference
4534 W. Main St. Decatur IL 62522

I. As an applicant for a Local License, you must meet Expectations in the CGGC Standards for Ministerial Credentials:

By completing this application, you are showing your agreement with the following statements:

- You are a believer
- You participate in ordinances
- Your call is relevant to the credentials you seek
- You demonstrate the Fruit of Spirit
- You demonstrate preparedness
- You are a CGGC Member
- You accept that you are subject to CGGC authority and standards

II. Letter of Support

Provide a letter of support signed by the supervising pastor *and* the clerk of the supporting congregation listing the area(s) of ministry given to the licensee. This letter should be mailed directly to the MRC office.

III. Personally Supply in Written Form:

Provide a paragraph on each of the following areas of your personal life:

- Testimony
- Explanation of Call to Ministry
- Family Life
- Educational Background (*Have transcripts mailed to office*)

Please note that all correspondence, letters of recommendation, and transcripts should be sent to:

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