

7525 Oakmont Drive

Stockton, CA 95207

(209)642-5244

**Vocational Senior Pastoral Application**

Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

 MM DD YYYY

**PERSONAL INFORMATION**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (first, middle, last name) Home/Cell Phone Number

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

Address City State Zip

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

E-mail Address

Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

 MM DD YYYY

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Married, number of years: \_\_\_\_\_\_\_\_\_\_\_\_

If married, spouse's full maiden name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List name(s) of dependent children:

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |

Are you in possession of a pastoral license? \_\_\_\_ Yes \_\_\_\_\_ No

Name of licensing organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been ordained? \_\_\_\_\_ Yes \_\_\_\_\_ No

Ordained by what organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Ordination: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

 MM DD YYYY

Do you have any other vocational or job skills? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| Years completed: | Major/Degree: | Name of School: |
|  |  |  |
|  |  |  |
|  |  |  |

**EXPERIENCE/EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Start with Most Recent Employment: | Name of Employer:  | Job Title:  | Reason for leaving: |
| From:To: |  |  |  |
| From:To: |  |  |  |
| From: To: |  |  |  |

**REFERENCES**

Please provide professional names and contact phone numbers below for your references

|  |  |  |
| --- | --- | --- |
|  | Name | Contact phone number |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

All candidates are subject to financial and criminal background checks. Do you authorize being subjected for a background check as required? \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

Please attach a family photograph.

I, hereby acknowledge that all information on this application is true and accurate.

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

Signature Print Name

Mail application to:

Hmong Baptist Fellowship Church

Attn: Pastor Search Committee

7525 Oakmont Drive

Stockton, CA 95207

Questions and concerns may be addressed to Niam Pobzeb Yaj at hmongbaptistfellowshipchurch@gmail.com.

Candidates advancing will be contacted by the Pastoral Search Committee as to next steps of the interview process. Thank you for your interest.

Deadline to close application: July 31, 2024