

## **CONFIDENTIAL MINISTER'S HISTORY**

International Pentecostal Holiness Church, Inc.

## PERSONAL INFORMATION (Please print or type)

Minister's Name:	Date:					
Address:						
Phone Numbers:	Home	Office	Cell			
Birthdate:		Gender: Social Se	curity #:			
Marital Status:	Single	Married Divorced	_ Widowed			
Name of Spouse:		Nu	mber of children:			

EDUCATION	Name of School:	Major:	Graduate?	Degree earned
High School				
College				
Graduate School				
Special Skills or Training				

## HISTORY OF MINISTRY

POSITION HELD	CHURCH NAME	DATE From: To:	City, State	PHONE
REASON FOR LEAVING		•	•	
POSITION HELD	CHURCH NAME	DATE From: To:	City, State	PHONE
REASON FOR LEAVING				1
POSITION HELD	CHURCH NAME	DATE From: To:	CITY, STATE	PHONE
REASON FOR LEAVING				
POSITION HELD	CHURCH NAME	DATE From: To:	CITY, STATE	PHONE
REASON FOR LEAVING		I	1	I

## **CHURCH INFORMATION**

Local Church Minister's Certificate	Conference:		Date:		
Minister's License	Conference:		Date:		
Certificate of Ordination	Conference:		Date:		
Years of service:					
Name of church where membership is	held:				
Name and address of church now attending:					

Name of Conference membership: \_\_\_\_\_

	Date Eligible	Date joined	Date Withdrawn	Insurance	Date Eligible	Date Joined	Date Withdrawn
Retirement				Life			
Brotherhood				Medical - Self Dependents			
				Maj. Med-Self Dependents			

In Emergency Notify	Relationship	City	State	Zip	Phone

Evaluation of Ministry and Character (This is to be completed by the Conference Superintendent) Comments (Date and Signature Required)