

# The Church of God and True Holiness, Inc.

**Office of the Presiding Apostle**  
Apostle James Brant Jr.  
Jacksonville, Florida

**Credentials Office Committee**  
Bishop Joseph L. Lewis - Chairman  
Lakeland, Florida

## Application for Credentials

I hereby make application for Clergy Credentials with this organization **(Please type or Print)**

Pastor     District Elder     Bishop     Apostle     Church

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M: \_\_\_\_\_

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

Date Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's license # \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Have you received the baptism of the Holy Ghost? \_\_\_\_\_ Date: \_\_\_\_\_

Date Baptized in Jesus Name: \_\_\_\_\_

Are you Single, Married, Widowed, Separated or Divorced? **(Circle one)**

If divorced, please list number of times and did you remarry? Yes or No **(Circle one)**

List previous Church affiliations, Pastor's name and your reason for leaving:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If you are not already affiliated, state your reason for desiring to unite with this organization.

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

If you have been recommended provide name & contact information of person who recommended you

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

**Clergy Credentials**

Do you have credentials with another Organization? Yes \_\_\_ No \_\_\_

If yes, give name of the Church Organization: \_\_\_\_\_

Do you believe in and practice tithing? \_\_\_\_\_

Do you subscribe to the doctrine of Church Of God and True Holiness, Inc. as to the baptism in the name of Jesus, baptism of the Holy Ghost and sanctified life according to Acts 2:38, Acts 2:4, and St. John 17:15-17? Yes\_\_\_ No\_\_\_

Do you agree to abide by the rules and regulations of the Church Of God and True Holiness, Inc.?  
Yes\_\_\_ No \_\_\_

Have you ever applied for credentials with any other organization (s)? Yes\_\_\_ No \_\_\_

If yes, list them and state the results of application (e.g. Approve, Denied, or Withdrawn)

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

If application was approved state reason(s) for leaving or why you want to leave

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

If application was denied or withdrawn please give reason(s) why

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

**Educational background**

Have you received a degree or certificate? Yes\_\_\_ No \_\_\_

If yes, please list below and attach a copy of each to this form

Academic

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

Religious

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

**CONSENT FOR CRIMINAL BACKGROUND CHECK**

Your signature below authorizes the Church of God and True Holiness, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies. Please complete all information below. Please type or print clearly in ink and have signature notarized.

Full Legal Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

(Maiden, alias', legal name change, etc.)

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

DOB: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

Current Address:

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

Previous Addresses in past 7 years

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

Have you ever been charged for or convicted of a sex-related crime? Yes \_\_\_ No \_\_\_

If "Yes," explain:

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

Have you ever been charged for or convicted of a violent crime or threat of violence? Yes \_\_\_ No \_\_\_

If "Yes," explain:

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

Have you ever been convicted of a crime involving drugs or alcohol? Yes \_\_\_ No \_\_\_

If "Yes," explain:

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

Have you ever been arrested for any crime? even if you were not charged or convicted? Yes \_\_\_ No \_\_\_

If "Yes," explain:

\_\_\_\_\_

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Do you have any criminal or traffic charges pending at this time? Yes\_\_ No\_\_  
If yes, list charges, jurisdiction and court dates:

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Have you ever been finger printed? Yes\_\_ No\_\_  
If yes when and why?

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**CONSENT (Read before signing)**

I hereby consent to the criminal history; driving, education and employment background check as described above and authorize The Churches of God and True Holiness, Inc. to obtain reports concerning my background as stated above. I hereby release the Churches of God and True Holiness, Inc., its officers, agents and employees from any and all liability related to using my criminal or other background information to make application decisions. I hereby confirm that the information provided in this application is true. I am aware that providing false information will lead to the invalidation of my application, sanctions, and or disqualification of membership.

Name of Applicant (Printed): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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

Credentials Department-Head Signature: \_\_\_\_\_

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

**For official use only**

<b>Items</b>	<b>Date</b>	<b>Initials</b>
<b>NCIC/Warrant</b>		
<b>Criminal History</b>		
<b>Motor Vehicle</b>		
	<b>Approved</b>	<b>Denied</b>

Signature of investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Credentials Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Presiding Apostle's signature: \_\_\_\_\_ Date: \_\_\_\_\_