



# Global Evangelism Ministry Services

## Planting Churches Worldwide

*But without faith it is impossible to please Him...Hebrews 11:6*

# APPLICATION

Date \_\_\_\_\_

## [SECTION 1: PERSONAL INFORMATION]

Name (First, Middle, Last) \_\_\_\_\_

Name usually called \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

United States  Other Country  \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Gender Male  Female

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_

Marital Status Single  Married  Divorced  Widow (er)  Annulment

If married, name of spouse \_\_\_\_\_

Do you have any children? Yes  No  If yes, how many? \_\_\_\_\_

Name of Children \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(If more space is needed please use the back of this application)

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Have you ever been charged with or convicted of a felony? Yes  No

Have you ever been divorced or had a marriage annulled? Yes  No

Have you ever used tobacco? Yes  No  If yes, when did you last use it (month/year)?

\_\_\_\_\_

Have you ever consumed alcoholic beverages? Yes  No  If yes, when did you last drink (month/year)?

\_\_\_\_\_

Have you ever attended a nightclub? Yes  No  If yes, when did you last attend (month/year)?

\_\_\_\_\_

Have you ever used illegal drugs? Yes  No  If yes, when did you last use them (month/year)?

\_\_\_\_\_

Have you ever sold illegal drugs? Yes  No  If yes, when did you last sell them (month/year)?

\_\_\_\_\_

Have you ever looked at pornography? Yes  No  If yes, when did you last look at it (month/year)?

\_\_\_\_\_

Do you have any Debt (personal or other)? Yes  No  If yes, How much? \_\_\_\_\_

Have you ever sought or received psychiatric counsel? Yes  No

Please explain \_\_\_\_\_

Is there anything in your past about which we should know? Yes  No

Please explain \_\_\_\_\_

What is the general condition of your health? \_\_\_\_\_

What is your present occupation? \_\_\_\_\_

## [SECTION 2: ACADEMIC BACKGROUND]

Last School Attended: High School  Home School  College/University

Date of Graduation \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Type of degree \_\_\_\_\_ Fields of study \_\_\_\_\_

## [SECTION 3: CHURCH INFORMATION]

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

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Pastor's Name \_\_\_\_\_

How many years have you attended this church? \_\_\_\_\_

How long have you been saved? \_\_\_\_\_

What position(s) did you hold? How long?

\_\_\_\_\_

\_\_\_\_\_

What practical Christian experience do you have?

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Do you walk with God? \_\_\_\_\_

How much time do you spend in prayer each day? \_\_\_\_\_

How much time do you spend in Bible reading every day? \_\_\_\_\_

Besides the Bible, what books have you read in the last six months? \_\_\_\_\_

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#### [SECTION 4: PERSONAL TESTIMONY]

*Please write a short but detailed explanation about (1) your salvation experience and (2) your call to service. This must be at least a full paragraph in length but may consist of more if you choose.*

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*I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from GEMS. I agree to comply with the doctrines, rules, regulations, and to maintain standards of conduct in accordance with the aims and objectives of GEMS.*

Signature of Applicant

Date Signed

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# Pastoral Reference Form

**TO THE APPLICANT:** This form should be given to your pastor to complete and return to GEMS. If you are related to the pastor, please have another church leader who is not related to you complete this form.

**TO THE PASTOR:** An applicant for admission to GEMS, the named below, is required to submit a pastoral reference. This reference form is **not** to be returned to the applicant. If this recommendation changes before the applicant enrolls, please notify GEMS. The back of the reference form may be used for additional comments. Your comments are important; please carefully complete the evaluation and return the form promptly to GEMS. This reference will remain confidential.

**THIS FORM IS INVALID WITHOUT BOTH SIDES COMPLETED. This section to be completed by the applicant.**

Applicant's Name		
Address	City	State

*This reference should be completed no more than fifteen (15) months before you plan to join GEMS.*

<b>How many years have you known this applicant?</b>	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> 10+
<b>How well do you know the applicant?</b>	<input type="checkbox"/> By name/sight	<input type="checkbox"/> Casually	<input type="checkbox"/> Fairly	<input type="checkbox"/> Very Close	<input type="checkbox"/> Unknown
<b>How would you rate the applicant's Christian character?</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
<b>How would you rate the applicant's dependability?</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
<b>How would you rate the applicant's ability to get along with others?</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
<b>How would you rate the applicant's cooperation?</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
<b>How would you rate the applicant's general intelligence?</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
<b>In considering the applicant, would you recommend him/her?</b>	<input type="checkbox"/> With enthusiasm	<input type="checkbox"/> Yes	<input type="checkbox"/> With caution	<input type="checkbox"/> No, please explain on back	
<b>Does this applicant pay his/her bills on time?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> As far as I know		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<b>Would you consider hiring this applicant in the future?</b>	<input type="checkbox"/> Yes			<input type="checkbox"/> No, please explain on back	
<b>Is this applicant the kind of person with whom you would want your son/daughter to be close friends?</b>	<input type="checkbox"/> Yes			<input type="checkbox"/> No, please explain on back	
<b>If this applicant has not finished high school, when do you expect he/she will finish?</b>	MM/YYYY				
<b>Does this applicant have any handicaps or disabilities?</b>	<input type="checkbox"/> Yes, please explain on back			<input type="checkbox"/> No	
<b>Does this applicant have any significant factors in his/her background, which we should know?</b>	<input type="checkbox"/> Yes, please explain on back			<input type="checkbox"/> No	
<b>Is this applicant given to carnal appetites?</b>	<input type="checkbox"/> Yes, please explain on back	<input type="checkbox"/> No, please explain on back		<input type="checkbox"/> Unknown	
<b>Do you believe this applicant could keep himself or herself pure if they remain single?</b>	<input type="checkbox"/> Yes, please explain on back	<input type="checkbox"/> No, please explain on back		<input type="checkbox"/> Unknown	
<b>Do you believe this person can go without modern conveniences?</b>	<input type="checkbox"/> Yes, please explain on back	<input type="checkbox"/> No, please explain on back		<input type="checkbox"/> Unknown	
<b>Do you believe this applicant walks with God?</b>	<input type="checkbox"/> Yes, please explain on back	<input type="checkbox"/> No, please explain on back		<input type="checkbox"/> Unknown	