*West Congregational Church of Peabody*

*Senior Pastor Application*

*Thank you for your interest in the Senior Pastor position at West Church. We ask that you download and save this application to your computer, fill it in, and then return it as an email attachment to:* *search@westchurchpeabody.org**. Thank you for your patience and willingness to go through this first step.*

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| **APPLICANT INFORMATION**  |
| Last Name:       | First Name:       |
| Street Address:       | Apartment/Unit #:       |
| City:       | State:    | Zip Code:       |
| Phone:    -   -     | Cell Phone:    -   -     |
| Marital Status:  | Wife’s Name if Married:       |
| Do you have children? [ ] Yes [ ] No |
| Ages of children, if applicable:       |
| Email Address:       |
| Website Address:       |
| Date available to start:   /  /   | Desired Salary:       |
| Are you a citizen of the United States? [ ] Yes [ ] No |
| If no, are you authorized to work in the U.S.? [ ] Yes [ ] No |
| Have you ever been convicted of a felony? [ ] Yes [ ] No If yes, please explain:      |
| **STATEMENT OF FAITH** |
| Do you agree with West Congregational Church’s Statement of Faith, Affirmations, and Missions Vision? [ ] Yes [ ] No |
| **EDUCATION** |
| Undergraduate School:       |
| City:       | State:    |
| Course of Study:       | From:   /  /   To:   /  /   |
| Did you graduate? [ ] Yes [ ] No | Degree:       |

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| **EDUCATION CONTINUED** |
| Graduate School or Seminary:       |
| City:       | State:    |
| Course of Study:       | From:   /  /   To:   /  /   |
| Did you graduate? [ ] Yes [ ] No | Degree:       |
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| Post Graduate School or Additional Training:      |
| City:       | State:    |
| Course of Study:       | From:   /  /   To:   /  /   |
| Did you graduate? [ ] Yes [ ] No | Degree:       |
| **MILITARY SERVICE**  |
| Branch:       | From:   /  /   To:   /  /   |
| Rank at Discharge:       | Type of Discharge:       |
| **ORDINATION INFORMATION** |
| By:       |
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| Date Received:   /  /   |
| **RECORD OF EMPLOYMENT:** *List here former employers beginning with your most recent.*  |
| Name of Employer:       |
| Street Address:       |
| City:       | State:    | Zip Code:       |
| Job Title:       | Dates Employed: From:   /  /   To:   /  /   |
| Name of Supervisor:       | Phone Number:    -   -     |
| May we contact this employer for a reference? [ ] Yes [ ] No |

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| Name of Employer:       |
| Street Address:       |
| City:       | State:    | Zip Code:       |
| Job Title:       | Dates Employed: From:   /  /   To:   /  /   |
| Name of Supervisor:       | Phone Number:    -   -     |
| May we contact this employer for a reference? [ ] Yes [ ] No |
|  |
| Name of Employer:       |
| Street Address:       |
| City:       | State:    | Zip Code:       |
| Job Title:       | Dates Employed: From:   /  /   To:   /  /   |
| Name of Supervisor:       | Phone Number:    -   -     |
| May we contact this employer for a reference? [ ] Yes [ ] No |