

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Desired Primary Phone Contact (Cell or Home) \_\_\_\_\_

Are you a citizen of the United States? YES NO  
  If no, explain \_\_\_\_\_

Have you ever been divorced? YES NO  
  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO  
  If yes, explain \_\_\_\_\_

**Education**

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

**Previous Ministry Experience**

Church/ Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Average Worship Attendance: \_\_\_\_\_ Annual Church Budget: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Church/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Average Worship Attendance: \_\_\_\_\_ Annual Church Budget: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

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Church/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Average Worship Attendance: \_\_\_\_\_ Annual Church Budget: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

## References

*A Pastor who knows you and your ministry*

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

Relationship: \_\_\_\_\_

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

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

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

*An active Elder or Deacon from your church*

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

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

*A Lay Person from your current ministry*

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

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

*A businessperson who knows you well*

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

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

## Questionnaire

In the following sections, please type your responses below the questions. Be thorough yet concise.

### I. Personal

- 1: Briefly explain how you came to know Jesus Christ.
- 2: What are your spiritual gifts? List them in order of strength.
- 3: What are your personal strengths?
- 4: What are your personal weaknesses?
- 5: What has God been teaching you recently during your personal quiet time or times of prayer?
- 6: Describe your leadership style.
- 7: What is your strongest personal quality or qualification for this position?
- 8: Briefly describe your view of sexual ethics.
- 9: Have you ever struggled with any potentially addictive issues (e.g. sexual, ethical, or substance abuse)?

### II. Relationships

- 1: If married, tell us about your spouse.
- 2: If you have children, tell us about them.
- 3: Does being around people drain or energize you (how do you cope in either case)?
- 4: Briefly describe how you make relationships (establish, cultivate, and maintain relationships)

### III. Ministry

- 1: Briefly describe your calling and long-term personal ministry goals.
- 2: What areas of ministry are you most passionate about?
- 3: What does ministering the Gospel in the Seattle region look like to you?
- 4: Describe concept of discipleship (what does it mean, what does it look like)?
- 5: If you are currently in ministry, why have you decided to leave your present ministry?
- 6: What brings you the greatest satisfaction in your present ministry?
- 7: What do you least like in your present ministry?
- 8: Describe your greatest ministry success. Be specific, describe the event.
- 9: Who are some well-known Christian leaders who currently inspire you?
- 10: Describe your greatest ministry disappointment. Be specific, describe the event.
- 11: What are some favorite books you have read or podcasts you listen to?
- 12: Who are your favorite music artists or groups?
- 13: What are your favorite movies?
- 14: What are your favorite websites?
- 15: Would you describe yourself as comfortable around people, including strangers (you can open up and enjoy them)?
- 16: How do you hope the lead pastor will contribute to your personal and professional development as an Assistant Pastor?

17: Describe how you interact with other staff (or how staff might experience you).

18: Describe any additional personal skills you have that can/could be used in your ministry.

#### IV. Ministry Assessment

Regarding the categories below, please indicate your strengths in general ministry using a scale of 1-4. (Choose one box, 1=weakest, 4=strongest)

Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relating to non-Christians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handling Conflicts/confrontation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leading Discipleship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety & Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long-Range Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short-Range Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Team Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity (Executing your ideas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creativity (imagining your own ideas – out of box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### V. Doctrine (Understanding & Practical Applications)

1. How does a person receive salvation (what do you consider essentials)?
2. What is your view of the Scriptures?
3. How would you respond to someone struggling with homosexuality, trans issues, or related sexual issues?
4. Briefly describe what you believe regarding the baptism, indwelling, and filling of the Holy Spirit.
5. How would you respond to someone who is thinking about or actively deconstructing their faith?
6. What is your view of systematic theology (do you hold to a particular viewpoint)?
7. Briefly describe your beliefs surrounding communion.
8. Briefly describe your beliefs concerning the Kingdom of God.
9. Please provide a comprehensive personal doctrinal statement for your beliefs in a separate document and attach to application. As part of a review process, our Elders would like to see your doctrinal positions in advance.

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

*I authorize Lakeside Christian Church to perform a background check with local, state, and federal agencies and to perform a credit check using my name and social security number.*

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

### Final Instructions:

1. Please return the application via e-mail ([office@lakesidechristian.net](mailto:office@lakesidechristian.net))
2. Please print and sign a paper copy. Mail or email a copy with signature.
3. Be in contact with the church admin to provide your social security number for the background check.

#### **Mailing Address:**

Lakeside Christian Church  
P.O. Box 577  
Kirkland, WA 98083  
(425) 469-7096  
[office@lakesidechristian.net](mailto:office@lakesidechristian.net)

#### **Street Address**

Lakeside Christian Church  
701 First Street  
Kirkland, WA 98033