



# EMBASSY MINISTERIAL ASSOCIATION

## Ministerial Application Form

APPLYING FOR:  Timothy Papers  License  Ordination

Photo  
**1**

Please Include  
Two Recent  
Passport  
Photos With  
Your  
Application

[HEAD & SHOULDERS ONLY]

Date: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

PLEASE TYPE ALL  
INFORMATION OR  
PRINT CLEARLY

Photo  
**2**

**OFFICE USE ONLY**

Application received \_\_\_\_\_  
Application fee received \_\_\_\_\_  
Photograph received \_\_\_\_\_  
Testimony received \_\_\_\_\_  
Ministers Rec. forms recv'd \_\_\_\_\_  
Personal Rec. forms recv'd \_\_\_\_\_  
Business/Community Member  
Req. forms recv'd \_\_\_\_\_  
Reviewed by \_\_\_\_\_  
 Approved  Rejected \_\_\_\_\_  
Date \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### A. PERSONAL DATA

1. Name in full \_\_\_\_\_

2. Home Address \_\_\_\_\_  
City State Zip

3. Mailing Address \_\_\_\_\_  
City State Zip

4. Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City State Country

Home Phone No. (\_\_\_\_\_) Work Phone No. (\_\_\_\_\_)

Web Site \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

5. Marital Status:  Single  Married  Engaged  Divorced  Remarried  Widowed

Spouse's Name \_\_\_\_\_ Date of Marriage \_\_\_/\_\_\_/\_\_\_

6. Number of Children \_\_\_\_\_ Age of Children \_\_\_\_\_

7. Citizen of the U.S.  Yes  No [If NO, specify country of citizenship]

8. List the languages you can speak: \_\_\_\_\_

9. How did you learn about EMA? \_\_\_\_\_

**B. WORK/MINISTRY EXPERIENCE**

1. Do you work outside of ministry? \_\_\_\_\_ If so, please state occupation \_\_\_\_\_
2. Name & address of current employer \_\_\_\_\_
3. Name & address of ministry currently involved with: \_\_\_\_\_

**MINISTRY EXPERIENCE**

*Please list your ministry experience, starting with the most recent.*

Ministry/Church Name, Address, Phone #	From / To Date	Duties
List ministry skills you possess; also list special talents & abilities:		

**C . RELIGIOUS DATA**

1. **HOME CHURCH** \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
 Name \_\_\_\_\_ Denomination \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 How long have you been attending? \_\_\_\_\_
2. How long have you been born again? Years \_\_\_\_\_  
 How long have you had the baptism of the Holy Spirit with the evidence of speaking in tongues? \_\_\_\_\_
3. On the back page of the application, write a testimony of your Christian experience. Describe the highlights (*not details*) of your salvation experience from your salvation to the present. (*Please type*).
4. On the back page of the application, describe your call to the ministry and what area you feel called to. (*Please type*).
5. Are you currently the Pastor of a Church?  Yes  No  
**If Yes:** What is the name of your Church? \_\_\_\_\_  
 What is the anniversary date of your Church? \_\_\_\_/\_\_\_\_/\_\_\_\_

**D . E D U C ATIONAL DATA**

Education (*Circle highest grade attained*) 1 2 3 4 5 6 7 8 9 10 11 12

GED Vocational Training

College: 1 2 3 4 Associates Bachelors Masters Doctorate Specialist

Other

*Please list all educational institutions, beginning with high school.*

School Name & Address	From / To Date	Course of Study	Degree or Diploma

**E . EMPLOYMENT DATA** (*If you are employed outside of present ministry*)

*Please list your previous work experience, starting with the most recent (use separate sheet if necessary and attach a resume if applicable)*

Employer Name, Address, Phone #	From / To Date	Duties

**List occupational and/or professional skills you possess; also list special talents & abilities:**


## F . MINISTRY CREDENTIALS

1. Do you currently hold ministerial credentials with Embassy Ministerial Association?

Credential held:

**Timothy**  Yes  No Dates: From \_\_\_\_\_ to \_\_\_\_\_

**Licensing**  Yes  No Dates: From \_\_\_\_\_ to \_\_\_\_\_

**Ordination**  Yes  No Dates: From \_\_\_\_\_ to \_\_\_\_\_

2. Have you held credentials with any other organization?  Yes  No

3. **Name of Organization** \_\_\_\_\_

Credentials held? \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Do you currently hold these credentials?  Yes  No

4. If granted ministerial credentials with EMA, do you pledge to support financially the outreach fund of EMA with regular contributions?  Yes  No

5. Do you agree with the Basic Statements of Faith of Embassy Ministerial Association?

Yes  No

6. On a separate sheet, explain your understanding and convictions of the following subject: *(Please be thorough in your explanation)*

**“The ministry of the Holy Spirit in an individual’s life”**

7. What is your relationship to Roberts Liardon Ministries?

8. Which EMA member introduced and recommended you to EMA?

I hereby apply for ministerial recognition by Embassy Ministerial Association and grant permission to pursue by investigation all facts hereto stated. Permission is granted to request information concerning pastoral or personal recommendations as needed.

\_\_\_\_\_

Signature

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

Month Day Year

G. STATEMENT OF TRUTH

I understand that all items related to this application submitted to EMA are a part of the Application process and become the permanent property of EMA and will not be returned to me. I hereby state that all the information contained in this application is correct and true. If EMA is notified that any information contained herein is false, it will be grounds for my immediate dismissal. I also understand that completion of this application in no way guarantees or implies acceptance as a member of EMA. I understand that the information contained on the Personal Recommendation Form, the Pastor's Recommendation Form and the business/Community Member Recommendation Form is confidential. I hereby waive my right to see the confidential information contained therein and release said information to become the property of EMA.

\_\_\_\_\_  
Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**REMEMBER** to enclose the \$50.00 (USD) application fee with your application.  
**INCLUDE ATTACHMENTS:** Testimony; Ministry Call, and Holy Spirit paper  
**MAKE SURE** everything is filled in and signed  
**MAIL TO** the address below:

**EMA**  
Attn: Carol Liardon, Director  
P.O. Box 2989  
Sarasota, FL 34230-2989





# EMBASSY MINISTERIAL ASSOCIATION

## PERSONAL RECOMMENDATION FORM

**Applicant Name:** \_\_\_\_\_

I understand that this confidential statement is being submitted directly to EMA and that its contents will not be shared with me. I hereby wave my right to see this confidential recommendation and the contents contained herein.

**Applicant Signature:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Date

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Each applicant for admission must submit a Personal Recommendation Form. Serious consideration will be given to your comments. Please complete this form carefully and in private. We will hold your comments in the strictest confidence. **We ask that the completed form not be given to the applicant, but sent directly to us at PO Box 2989, Sarasota, FL 34230.**

1. How long have you known the applicant? \_\_\_\_\_
2. How have you been associated with the applicant? \_\_\_\_\_
3. Describe your relationship with the applicant: \_\_\_\_\_  
Intense                      Close                      Distant                      Casual
4. Mental Ability: \_\_\_\_\_  
Quick in Comprehension                      Average                      Slow
5. Seriousness of Purpose: \_\_\_\_\_  
Purposeful      Limited      Vacillating                      Purposeless
6. Industry: \_\_\_\_\_  
Seeks Additional Work      Prepares Assigned Work      Need occasional Prodding      Needs Constant Pressure
7. Initiative: \_\_\_\_\_  
Actively Creative                      Self-Reliant                      Conforms                      Seldom Initiates
8. Influence: \_\_\_\_\_  
Strongly Controlling                      Contributing                      Retiring but Cooperative                      Passive
9. Is this applicant prompt in paying his/her bills?     Yes                       No                       Unknown
10. Knowing applicant as you do, would you:  
 Highly recommend them as a qualified candidate for ministerial association?  
 Recommend them as a candidate for ministerial association?  
 Recommend them with slight reservations as an applicant?  
 Hesitate to recommend them for ministerial association?  
 Be unable to honestly recommend them for ministerial association?  
*(If you checked any of the last three boxes, please explain below)* \_\_\_\_\_

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11. In your opinion, what is the extent of the candidate's knowledge of Biblical truth?  
 Excellent       Good       Fair       Poor       Unknown

12. Emotional Evaluation:       Very Stable       Stable       Unstable

13. Does the applicant respond well to authority?       Yes                       No



# EMBASSY MINISTERIAL ASSOCIATION

## PASTORAL RECOMMENDATION FORM

**Applicant Name:** \_\_\_\_\_

I understand that this confidential statement is being submitted directly to EMA and that its contents will not be shared with me. I hereby wave my right to see this confidential recommendation and the contents contained herein.

**Applicant Signature:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Date

**Note:** *If you (the applicant) are a Senior Pastor, please have another pastor who knows you complete this form.*

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Each applicant for admission must submit a Pastor's Recommendation Form. Serious consideration will be given to your comments. Please complete this form carefully and in private. We will hold your comments in the strictest confidence. **We ask that the completed form not be given to the applicant, but sent directly to us at PO Box 2989, Sarasota, FL 34230.**

1. How long have you known the applicant? \_\_\_\_\_
2. How have you been associated with the applicant? \_\_\_\_\_
3. Describe your relationship with the applicant: \_\_\_\_\_  
Intense                      Close                      Distant                      Casual
4. Mental Ability: \_\_\_\_\_  
Quick in Comprehension                      Average                      Slow
5. Seriousness of Purpose: \_\_\_\_\_  
Purposeful      Limited      Vacillating                      Purposeless
6. Industry: \_\_\_\_\_  
Seeks Additional Work      Prepares Assigned Work      Need occasional Prodding      Needs Constant Pressure
7. Initiative: \_\_\_\_\_  
Actively Creative                      Self-Reliant                      Conforms                      Seldom Initiates
8. Influence: \_\_\_\_\_  
Strongly Controlling                      Contributing                      Retiring but Cooperative                      Passive
9. Is this applicant prompt in paying his/her bills?     Yes                       No                       Unknown
10. Knowing applicant as you do, would you:  
 Highly recommend them as a qualified candidate for ministerial association?  
 Recommend them as a candidate for ministerial association?  
 Recommend them with slight reservations as an applicant?  
 Hesitate to recommend them for ministerial association?  
 Be unable to honestly recommend them for ministerial association?  
*(If you checked any of the last three boxes, please explain below)* \_\_\_\_\_

- 
11. In your opinion, what is the extent of the candidate's knowledge of Biblical truth?  
 Excellent       Good       Fair       Poor       Unknown
  12. Emotional Evaluation:       Very Stable       Stable       Unstable
  13. Does the applicant respond well to authority?       Yes                       No



# EMBASSY MINISTERIAL ASSOCIATION

## BUSINESS/COMMUNITY MEMBER RECOMMENDATION FORM

**Applicant Name:** \_\_\_\_\_

I understand that this confidential statement is being submitted directly to EMA and that its contents will not be shared with me. I hereby wave my right to see this confidential recommendation and the contents contained herein.

**Applicant Signature:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

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Each applicant for admission must submit a Personal Recommendation Form. Serious consideration will be given to your comments. Please complete this form carefully and in private. We will hold your comments in the strictest confidence. **We ask that the completed form not be given to the applicant, but sent directly to us at PO Box 2989, Sarasota, FL 34230.**

1. How long have you known the applicant? \_\_\_\_\_
2. How have you been associated with the applicant? \_\_\_\_\_
3. Describe your relationship with the applicant: \_\_\_\_\_  
Intense                      Close                      Distant                      Casual
4. Mental Ability: \_\_\_\_\_  
Quick in Comprehension                      Average                      Slow
5. Seriousness of Purpose: \_\_\_\_\_  
Purposeful      Limited      Vacillating                      Purposeless
6. Industry: \_\_\_\_\_  
Seeks Additional Work      Prepares Assigned Work      Need occasional Prodding      Needs Constant Pressure
7. Initiative: \_\_\_\_\_  
Actively Creative                      Self-Reliant                      Conforms                      Seldom Initiates
8. Influence: \_\_\_\_\_  
Strongly Controlling                      Contributing                      Retiring but Cooperative                      Passive
9. Is this applicant prompt in paying his/her bills?     Yes                       No                       Unknown
10. Knowing applicant as you do, would you:  
 Highly recommend them as a qualified candidate for ministerial association?  
 Recommend them as a candidate for ministerial association?  
 Recommend them with slight reservations as an applicant?  
 Hesitate to recommend them for ministerial association?  
 Be unable to honestly recommend them for ministerial association?  
*(If you checked any of the last three boxes, please explain below)* \_\_\_\_\_

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11. In your opinion, what is the extent of the candidate's knowledge of Biblical truth?  
 Excellent       Good       Fair       Poor       Unknown

12. Emotional Evaluation:       Very Stable       Stable       Unstable

13. Does the applicant respond well to authority?       Yes                       No



# EMBASSY MINISTERIAL ASSOCIATION

## ITINERANT MINISTER / MISSIONARY QUESTIONNAIRE

(If you are an Itinerant minister or missionary, please fill out the Information requested on this form)

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1. How long have you been in active ministry? \_\_\_\_\_ Years

2. How many churches have you ministered in? \_\_\_\_\_

3. How many:

Salvations: \_\_\_\_\_

Holy Ghost Fillings: \_\_\_\_\_

Deliverances: \_\_\_\_\_

Healings: \_\_\_\_\_

4. What is your current financial status? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List any ministerial credentials you hold: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_