

## TRANSFER LICENSE/ORDINATION APPLICATION



Dear Ministerial Candidate:

Thank you for your interest in pursuing Ministerial License with the South Carolina Conference of the International Pentecostal Holiness Church, Inc.

Once you have completed this application, make sure to include the following documents to finalize your application packet:

**A list of Transferring Denominational Requirements:** You will need to make a list of classes etc. that were required for you to get your License/Ordination with your transferring denomination.

**A Letter of Good Standing:** You are required to have a letter from your transferring denomination that states you have left in good standing.

**A Letter of Recommendation:** You are required to have a letter of recommendation from your local church board signed by your pastor and church secretary.

**Tithing Record:** You are required to send a copy of your tithing statement from the past 12 months.

**Divorce Decree(s):** If you and/or your spouse have been married and then divorced in the past, you are required to include a copy of all divorce decree(s) and give a detailed explanation of circumstances.

**Transcript(s):** If you have attended any Bible Schools or Seminaries, please include any transcripts.

**A FCRA Consumer Authorization Form:** This is mandatory for all applicants. This signed form will give the South Carolina Conference of the International Pentecostal Holiness Church, Inc. the authorization to do a national criminal background check and a credit history check through General Information Services. The **cost for this will be \$13.00**, which will also need to be included.

**A State Background Authorization Form:** This is mandatory for all applicants. You will be required to do a separate State Criminal Background Check for **EVERY STATE** you have been a resident. **Each state will have its own fee.**

**Signed Tithing and Reporting Commitment:** You are required to sign the tithing and reporting commitment form attached to this application.

**IPHC Church Member:** You are required to show documentation that you are an IPHC church member **or** that you are going to join an IPHC church with nominal membership.

Sincerely,

Rev. Greg Amos  
Conference Bishop

**Transferring Denominations**  
**Ministerial License or Ordination Application**  
**The South Carolina Conference of the International Pentecostal Holiness Church, Inc.**

In accordance with applicable state and federal law which applies to employees, the South Carolina Conference of the International Pentecostal Holiness Church, Inc. (the "Conference") strives to recruit, hire, train and promote persons in all job titles without regard to race, color, sex, age, national origin, veteran status or disability and in accordance with the furtherance of the principals of equal employment opportunity. This policy extends to all compensation, benefits, terms, conditions and privileges of employment. The Conference also provides reasonable accommodation to individuals with a disability in accordance with applicable laws. The Conference, does however reserve its right to discriminate on the basis of religion.

*By submitting this application, you agree to submit a form for the Conference to do a criminal background check and a credit history check. The Conference will use this information to verify your application and/or further determine your suitability for the position.*

**General Personal Information:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Marital Status:    Single    Engaged    Married    Separated    Widowed    Divorced

Spouse's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Has your spouse been previously married?    Yes    No

How was the marriage(s) terminated?    Divorced    Widowed    Annulment

***Note: Mandatory Requirement:***

***If you and/or your spouse have been married and divorced in the past, you must include a copy of all divorce decree(s) and give a detailed explanation of circumstances about the divorce(s) using a separate sheet of paper. Refer to the IPHC Manual 2013-2017 page 77 under "Divorce and Remarriage" for more information concerning the position of the IPHC.***

As part of the application process, you are required to have a criminal background check and a credit history check done by the Conference. This will include: civil court, criminal court, and a credit history check. The existence of a conviction of pending charge(s) will not necessarily preclude you from credentialing. The nature and/or gravity of the offense or offenses, the time that has passed since the conviction or completion of the sentence, and the nature of the job held or sought will all be considered.

Have you ever been convicted of a felony, a misdemeanor, a crime or moral turpitude or any sex offense, including, but not limited to, child abuse and/or child neglect?  Yes  No

If yes, state the nature of the offense(s), when, where and disposition. \_\_\_\_\_

\_\_\_\_\_

Do you give the South Carolina Conference of the International Pentecostal Holiness Church, Inc. authorization to do a National Criminal Background Check, a State (each State of residence) Criminal Background Check, and a Credit History Check?  Yes  No

If yes, list **every** State of residence and sign the State Criminal Background Check Authorization Form below along with FCRA Consumer National GIS Authorization Form attached to the back of this application.

**State Criminal Background Check Authorization Form**

**Authorization:** By signing below, you authorize: (a) the South Carolina Conference of the International Pentecostal Holiness Church, Inc. to request a criminal record check from each State of residence listed below; (b) Each State listed below to provide the South Carolina Conference of the IPHC, Inc. one or more reports based on that information found; and (c) Each State listed below to share those reports with others for legitimate business purposes related to your employment. Each State may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

Printed name:

\_\_\_\_\_  
 First Middle ( none) Last

Current and former addresses: **{Begin with your current Address}**

from Mo/Yr	to Mo/Yr	Street	City, State & Zip
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from Mo/Yr	to Mo/Yr	Street	City, State & Zip
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from Mo/Yr	to Mo/Yr	Street	City, State & Zip
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from Mo/Yr	to Mo/Yr	Street	City, State & Zip
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Date of Birth	Social Security Number
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Driver's License Number & State	Name as it appears on Driver's License
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Transferring Information:**

Transferring Denomination Name: \_\_\_\_\_

Transferring Conference Name: \_\_\_\_\_

Name of Conference Bishop/Superintendent: \_\_\_\_\_

Conference Address: \_\_\_\_\_

Conference Phone: (\_\_\_\_) \_\_\_\_\_

Transferring Status:  License Minister  Ordained Minister

List what was required of you to get your credentials with your transferring denomination: (use a separate sheet of paper if necessary) \_\_\_\_\_

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

Are you a member of an IPHC Church?  Yes  No

If yes, what is the name of the Church and how long have you been a member? \_\_\_\_\_  
\_\_\_\_\_

If no, do you plan to change your membership to an IPHC Church?  Yes  No If yes, when do you plan to change your membership and what is the name of the Church? \_\_\_\_\_

Have you previously held credentials with the IPHC or another denomination?  Yes  No

If yes, when/with whom did you hold credentials and at which level?

Local Ministers License Date: \_\_\_\_\_ Denomination: \_\_\_\_\_

Ministers License Date: \_\_\_\_\_ Denomination: \_\_\_\_\_

Ordination Date: \_\_\_\_\_ Denomination: \_\_\_\_\_

Positions held:  Senior Pastor  Church Staff  Evangelist  Missionary

Other - Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever, for any reason been dismissed from another organization or had your credentials revoked?  Yes  No

If yes, explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your spouse hold credentials in the IPHC?  Yes  No

**Education:**

School	Name	City/State	Degree/Diploma	Major/Minor
High School				
College				
Bible School/ Seminary				
Graduate School				

**\*\* Request Transcripts from any Bible School(s), to be forwarded to The Conference office, Attention: Credentialing Committee\*\***

Have you completed any of the SCIPHC, Inc. School of Ministry courses?  Yes  No  
 If yes, which of the following courses have you completed?  First Year  Second Year  Third Year

Do you faithfully commit to participate in the IPHC Clergy Continuing Education Program for ministers?  Yes  No

Do you understand that you are required to have 48 CEU's every (2) years?  Yes  No

**Employment:**

Dates	Company Name & Address	City/State	Supervisor Name & Phone Number	Reason for Leaving

**Church Related Experience/Training (non-employment):**

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**Personal References:**

List 3 references other than your pastor, parents, spouse or children. Please make sure all below information and addresses are correct. Each of your personal references below will be mailed a Personal Reference Questionnaire.

Reference Name	Address	Contact Number	Relationship

**Other Personal/Spiritual/Church Related Questions:**

When did you accept Jesus Christ as your personal Savior? \_\_\_\_\_

Have you been baptized in water according to Matthew 28:19?  Yes  No

Explain the purpose of water baptism: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been sanctified and are you being sanctified?  Yes  No

Explain the difference between sanctification as a crisis experience and sanctification as a growing process. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been baptized with the Holy Spirit with the initial evidence of speaking with other tongues (Acts 2:4)?  Yes  No

Is this and other evidences and/or gifts of the Holy Spirit regularly manifested in your life?  Yes  No

How important is the Holy Spirit in your ministry? \_\_\_\_\_

How would you instruct someone to receive the Baptism of the Holy Spirit? \_\_\_\_\_

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How many times have you read the BIBLE completely through? \_\_\_\_\_

Do you believe the BIBLE to be the inerrant Word of God?  Yes  No

Are you a faithful and consistent tither?  Yes  No

Have you read the IPHC Manual?  Yes  No

Are you in agreement with the Articles of Faith of the IPHC?  Yes  No

The South Carolina Conference of the International Pentecostal Holiness Church believe the five main (cardinal) doctrines of the 14 Articles of Faith to be:

- 1) Salvation
- 2) Sanctification
- 3) Baptism of the Holy Ghost with evidence of speaking in tongues
- 4) Second Coming
- 5) Divine Healing

You may be required to give a brief summary of the 14 Articles of Faith and know which five are the main (cardinal) doctrines of the IPHC when you appear before the Credentialing Committee.

Can and will you comply with the Covenant of Commitment and Guidance while serving the International Pentecostal Holiness Church as a minister?  Yes  No

Are you bound by any personal habit such as tobacco, alcohol, drugs, pornography or gambling, which would hinder your ministry?  Yes  No

Are you a member of any society requiring oath bound allegiance (such as the Masonic Lodge or the Scottish Rite)?  Yes  No

Do you know without a doubt that you are called of God into ministry?  Yes  No

Which of the following do you feel is your ministry calling?

- Pastor  Evangelist  Teacher  Prophet  Apostle

If you are granted Ministerial Credentials, what do you plan to do? \_\_\_\_\_

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If you receive Ministerial Credentials and are called to pastor, are you willing to relocate?  Yes  No

If you receive Ministerial Credentials, are you willing to submit to the appointing powers of the Conference Executive Council and/or the Conference Bishop?  Yes  No

If no, explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you reach a place where you are out of harmony with the ministry vision of the IPHC, will you surrender your Ministerial Credentials to your Conference Bishop?  Yes  No

If you receive Ministerial Credentials, do you understand that you can no longer be involved in the business of your local church and that you will no longer tithe to your local church but to the Conference Treasury?  Yes  No

How would you define the term leader and what would you consider the most important quality of a good leader? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does Ordination mean to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you consider the primary duties of a pastor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What roles does the pastor play in counseling? (Should the pastor do counseling or refer people to a professional?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How important is pre-marital counseling? \_\_\_\_\_

Do you plan to do pre-marital counseling and if so what type of counseling will you do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you cooperate with the denominational programs at the local, conference, and general levels and lead your people by example?  Yes  No (This includes reporting systematically and consistently.)

Do you understand that you are required to attend the annual sessions of the Quadrennial Conference and if you are unable to attend you should submit an acceptable written explanation to the Conference Bishop? Failure to do so for two (2) consecutive conferences shall forfeit your conference membership.  Yes  No

Will you be faithful to the sacred trust of the ministry by diligence, by uprightness in business matters, by ministerial ethics and courtesy, by self-sacrifice, by purity, by avoiding the very appearance of evil, by cherishing the anointing of the Holy Spirit even unto death?  Yes  No



## Application Statement

The information contained in this application is correct to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or other materials or during any interviews can result in refusal of employment, or termination from the church's services. In processing this application the conference may verify all the information provided by me. I authorize any reference, former employer, church educational institution or other organization listed in this application to give any information they may have regarding my character and fitness for ministerial work, and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to be bound by the constitution, by-laws, and policies of the South Carolina Conference of the International Pentecostal Holiness Church, Inc., and I further agree to refrain from unscriptural conduct in the performance of my services on behalf of the International Pentecostal Holiness Church. I further commit to never be involved in attempting to pull a church out of the South Carolina Conference of the International Pentecostal Holiness Church, Inc. I understand that if selected, I will serve at the will of the church and my services may be terminated with or without reason or notice.

I understand that if employed, as a condition of continued employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Tithing and Reporting Commitment**

I \_\_\_\_\_, understand that if I am approved as a Licensed/Ordained Minister with the South Carolina Conference of the International Pentecostal Holiness Church, Inc., the “storehouse” into which I am to pay my monthly tithe, is the Conference Ministry Center in Lake City, South Carolina.

I also understand that accompanying my tithe check should be a completed monthly Ministerial Report Form. This report can be filled out electronically or mailed to the Conference office.

I further understand that my failure to report and pay tithes into the Conference, in keeping with the International Pentecostal Holiness Church Manual, may result in dismissal from the Conference.

The deadline for submitting my monthly Ministerial Report and tithe is due into the office by the 15<sup>th</sup> of the following month.

For example, my June report is due into the Conference office by July 15<sup>th</sup>.

My signature below indicates that I have read and fully understand the above requirements with regard to my membership in the Conference. This document, signed by me, is to be placed in my permanent file at the Conference Ministry Center.

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

**FCRA Consumer National GIS Authorization Form**

**Authorization:** By signing below, you authorize: (a) General Information Services, Inc. ("GIS") to request information about you from any public or private information source; (b) anyone to provide information about you to GIS; (c) GIS to provide **the South Carolina Conference of the IPHC, Inc.** one or more reports based on that information; and (d) GIS to share those reports with others for legitimate business purposes related to your employment. GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's Summary of your rights under the "Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

**Personal Information:** Please print the information requested below to identify yourself for GIS.

Printed name: \_\_\_\_\_  
First Middle (  none ) Last

Other names used: \_\_\_\_\_

Current and former addresses: **{Begin with your current Address}**

\_\_\_\_\_ from Mo/Yr to Mo/Yr Street City, State & Zip

\_\_\_\_\_ from Mo/Yr to Mo/Yr Street City, State & Zip

\_\_\_\_\_ from Mo/Yr to Mo/Yr Street City, State & Zip

Some government agencies and other information sources require the following information when checking for records. GIS will not use it for any other purposes.

\_\_\_\_\_ Date of Birth Social Security Number

\_\_\_\_\_ Driver's License Number & State Name as it appears on Driver's License

**Report Copy:** If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

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

**Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

**A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore). **States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552  b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks  b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050  b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

**ADDITIONAL INFORMATION ABOUT THE FAIR CREDIT REPORTING ACT**

The Summary of Your Rights provided above does not reflect certain amendments contained in the Consumer Reporting Employment Clarification Act of 1998. The following additional information may be important for you:

- Records of convictions of crimes can be reported regardless of when they occurred.
- If you apply for a job that is covered by the Department of Transportation’s authority to establish qualifications and the maximum hours for that job and you apply by mail, telephone, computer, or other similar means, your consent to a consumer report may validly be obtained orally, in writing, or electronically. If an adverse action is taken against you because of a consumer report for which you gave your consent over the telephone, computer, or similar means, you may be informed of the adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.

ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

Section 751. Applicability.

Section 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

Section 753. Factors to be considered concerning a previous criminal conviction; presumption.

Section 754. Written statement upon denial of license or employment.

Section 755. Enforcement.

§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
  - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
  - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
  - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
  - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
  - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
  - (f) The seriousness of the offense or offenses.
  - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
  - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.