

Personal Data Inventory

A standard form for securing biographical data developed by the **ADVISORY COMMITTEE ON PSYCHOLOGICAL ASSESSMENT** of THE UNITED METHODIST CHURCH

Date _____

APPLYING FOR (check one)

- _____ Candidacy Certification
- _____ Provisional Deacon
- _____ Ordination as Deacon
- _____ Provisional Elder
- _____ Ordination as Elder
- _____ Local Pastor's License
- _____ Other _____

PLEASE ENTER NAME OF

CONFERENCE _____

DISTRICT _____

SUPERVISING MENTOR _____

LOCAL CHURCH _____

PERSONAL DATA

Full Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____

School or Work Address _____

Your Social Security Number _____ Have you immigrated from another country? Name: _____
 Date of your arrival in US _____ Number of years you have lived in the US _____

PHYSICAL DESCRIPTION

Sex _____ Date of Birth _____ Age _____ Height _____ Weight _____ Ethnic Background _____ Race _____

Name of Father _____ Name of Mother _____

Address _____ Address _____

Occupation _____ Occupation _____

If living: Age _____ If living: Age _____

If deceased: Age at death _____ Year of death _____ If deceased: Age at death _____ Year of death _____

If retired or deceased, list previous occupation _____ If retired or deceased, list previous occupation _____

FAMILY OF ORIGIN

Rate parent's marriage Happy Average Unhappy Separated Divorced Remarried

Brothers and sisters in birth order (attach additional sheet if necessary for any item)

First Name	Sex M/F	Age	Living Yes/No	Marital Status	Rate marriage of each						Occupation	
					Happy	Average	Unhappy	Separated	Divorced	Remarried		

YOUR MARITAL STATUS Single Engaged Married Separated Divorced

Widow(er)

If married, spouse's name _____ Age _____ Date of current marriage _____

Rate your own marriage by checking one of the following: Happy Average Unhappy

Previous marriage(s) of yourself:

Date of marriage(s) _____ Date terminated _____ Terminated by death? _____ By divorce? _____

Previous marriage(s) of spouse:

Date of marriage(s) _____ Date terminated _____ Terminated by death? _____ By divorce? _____

FAMILY

DEPENDENTS

Minor dependent children living at home (give name and age)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Minor dependent children NOT living at home (give name and age)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Child support paid, if any \$ _____ per month. Other dependents _____

YOUR SECONDARY EDUCATION

Year graduated from high school or obtained equivalency diploma _____

YOUR POST SECONDARY EDUCATION

Type of School	Name of School and Location	Dates of Attend. (mo & yr.) from / to	Type of Course or Major subject	Number of college credits received	Degree received or expected	Date of Degree
College						
Seminary						
Other Schools						

YOUR AVERAGE GRADES (A+ to D-) High School _____ College _____ Seminary _____

Hobbies and what you do to relax _____

SPOUSE'S EDUCATION

Year graduated from high school or obtained equivalency diploma _____

SPOUSE'S POST SECONDARY EDUCATION

Type of School	Name of School and Location	Dates of Attend. (mo & yr.) from / to	Type of Course or Major subject	Number of college credits received	Degree received or expected	Date of Degree
College						
Seminary						
Other Schools						

Is spouse working? If so, list her (his) position and income _____

SPOUSE'S SUPPORT OF YOUR MINISTRY

Spouse's religious background _____

Spouse's current church involvement _____

How do you think your spouse feels about your becoming a minister? _____

What do you consider to be the appropriate relation between your marriage and you potential career as a minister? _____

TO

BE

COMPLETED

BY

SPOUSE

It will be more helpful for the candidate's spouse to answer the following:

How do you feel about your spouse entering the ministry? _____

Concerns you have about your spouse's decision to enter the ministry? _____

Answered by candidate _____ Candidate's spouse _____ Signed _____

RELIGIOUS BACKGROUND

Church attended in childhood _____ Denomination _____

City/State _____ Baptized: Yes No If yes, when? _____

Church you consider to be the primary influence on you? _____

Your Church Participation (X)	Regular	Occasional	Never		Leadership Role	
Sunday Worship					Yes	No
Church School					Yes	No
Youth Fellowship					Yes	No
Choir					Yes	No
Summer Camp					Yes	No

Any changes in membership? Yes No If yes, explain

Any recent changes in your religious life? Yes No If yes, explain

YOUR INTEREST IN CAREER OF MINISTRY

Why are you interested in applying for Candidacy in the United Methodist Church?

What experience(s) led you to seek a career in ministry?

Who are the people you talked to about your career plans and how they influenced you?

List other careers you have considered and check the appropriate box to indicate how they appeal to you now.

Other careers	Still thinking about it	Can use it in my ministry	Have rejected it		Consider it as a hobby

To what type of ministry do you feel especially called? Check five (5) of the following areas to indicate your special calling in the ministry:

- Music Educator Inner City Ministry Christian Education Parish Counselor
- Suburban Ministry Youth Ministry Chaplain Pastor Rural Ministry Program Director
- Campus Preacher Social Activist Business Manager Missions Evangelist
- Health Ministries Institutional Leader Spiritual Guide Other _____

What are your educational plans for reaching your goal of a career in this type ministry? _____

INFORMATION ABOUT YOUR PERSONAL LIFE (use additional sheet to complete answer)

Describe briefly your most significant religious experience(s) and tell why they were meaningful to you

As you see yourself list three (3) of your most important strengths or outstanding traits and three (3) of your weaknesses or areas of needed growth (in order 1-2-3).

Strengths	Weaknesses/Growth Areas
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

EMPLOYMENT HISTORY

List most recent employment first. Be sure that the addresses are current. In addition to listing the business firm or agency, include your title or position and the name and title of your immediate supervisor, your salary and reason for leaving.

Employed from mo/yr to mo/yr	Name and present address of business, firm or agency	title or position	name and title of immediate supervisor	salary	reason for leaving

MILITARY SERVICE RECORD

Were you on active duty in the military? Yes No

Branch	Service from mo/yr to mo/yr	Rank	Type of Discharge	Special Training

WORK RECORD

Have you ever been dismissed from any job? Yes No

If your answer is yes, which job(s) _____

Why were you dismissed? _____

PHYSICAL HEALTH INFORMATION

Rate your physical health: very good good average poor declining

List all important physical difficulties _____

Recent weight changes: lost _____ lbs., gained _____ lbs., reason _____

EMOTIONAL HEALTH INFORMATION

Rate your emotional health: excellent good fair poor

Have you ever been treated or seen by a counselor or psychiatrist? yes no

If yes, how many sessions? _____ From (date) _____ to _____

Nature of problem(s) _____

Have you ever been prescribed medication for depression, anxiety or other mental health condition? yes no

LEGAL

Have you ever been:

1. Accused of sexual harassment? yes no explain _____
2. Formally charged with sexual harassment? yes no explain _____
3. Arrested for any violation of law? yes no explain _____
4. Indicted for any violation of law? yes no explain _____
5. Convicted of any violation of law? yes no explain _____
6. A defendant in a criminal proceeding? yes no explain _____

I hereby certify that the information provided on this form is accurate.

Signed _____ Date _____