Personal Data Inventory

Date _____

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

APPLYING FOR (check one)
- ☐ Candidacy Certification
- ☐ Probation for Deacon
- ☐ Ordination as Deacon
- ☐ Probation for 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 _____
Address _____
Occupation _____
If living: Age _____
If deceased: Age at death _____ Year of death _____
If retired or deceased, list previous occupation
_____

Name of Mother _____
Address _____
Occupation _____
If living: Age _____
If deceased: Age at death _____ Year of death _____
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 _____