

# 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 \_\_\_\_\_ 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 \_\_\_\_\_