

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 (Select One)

Candidacy Certification

Probation for Deacon

Ordination as Deacon

Probation for Elder

Ordination as Elder

Local Pastor's License

Other

PLEASE COMPLETE THE FOLLOWING

Conference: _____ District: _____ Local Church: _____

PERSONAL DATA

Full Name: _____ Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

School or Work Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Birth City: _____ Birth State: _____ Birth County: _____

Have you immigrated from another country?

No Yes

Name of country: _____ Date you arrived in US: _____

Number of years you have lived in the US: _____

PHYSICAL DESCRIPTION

Gender: Male Female Prefer not to Answer Date of Birth: _____ Age: _____

Height: _____ Weight: _____

Race/Ethnicity: _____

FAMILY OF ORIGIN

Parent A

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ If retired/deceased, previous occupation: _____

If living, Age: _____ If deceased, age at death: _____ Year of death: _____

Parent B

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ If retired/deceased, previous occupation: _____

If living, Age: _____ If deceased, age at death: _____ Year of death: _____

How is Parent A related to Parent B?

Married Divorced Widowed Remarried Separated Never Married

Rate parents' relationship: Happy Average Unhappy

Siblings in birth order

Name: _____

Gender: Male Female Prefer not to Answer

Age: _____ Living: Yes No

Marital Status: _____ Rate Marriage: Happy Average Unhappy

Occupation: _____

Name: _____

Gender: Male Female Prefer not to Answer

Age: _____ Living: Yes No

Marital Status: _____ Rate Marriage: Happy Average Unhappy

Occupation: _____

Name: _____

Gender: Male Female Prefer not to Answer

Age: _____ Living: Yes No

Marital Status: _____ Rate Marriage: Happy Average Unhappy

Occupation: _____

YOUR MARITAL STATUS

Status: Single Engaged Married Separated Divorced Widow(er)

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

If married, rate your own marriage: Happy Average Unhappy

Previous marriage(s)

Date of Marriage:

Date Terminated:

Terminated By:

FAMILY DEPENDENTS

Living at Home

Full Name

Date of Birth

Child Support, if any

Not Living at Home

Full Name

Date of Birth

Child Support, if any

YOUR SECONDARY EDUCATION

Year graduated from high school or obtained equivalency diploma:

Average high school grades:

____ A+ ____ A ____ A- ____ B+ ____ B ____ B- ____ C+ ____ C ____ C- ____ D+ ____ D ____ D-

YOUR POST SECONDARY EDUCATION

Type of School:	School & Location:	From:	To:	Course or Major:	Avg:	Credits:	Degree:	Degree Date:

Hobbies and what you do to relax: _____

SPOUSE'S EDUCATION & EMPLOYMENT

Year graduated from high school or obtained equivalency diploma:

Type of School:	School & Location:	From:	To:	Course or Major:	Avg:	Credits:	Degree:	Degree Date:

Is spouse working? Yes No Spouse's position: _____ Spouse's 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 relationship between your marriage and your potential career as a minister?

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 Activities

Sunday Worship	Regular	Occasional	Never	Leadership Role?
Church School	Regular	Occasional	Never	Leadership Role?
Youth Fellowship	Regular	Occasional	Never	Leadership Role?
Choir	Regular	Occasional	Never	Leadership Role?
Summer Camp	Regular	Occasional	Never	Leadership Role?

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 influence you?

List other careers you have considered and indicate how they appeal to you.

Other Career/Appeal			
Still thinking about it	Can use it in my ministry	Have rejected it	Consider it a hobby
Still thinking about it	Can use it in my ministry	Have rejected it	Consider it a hobby
Still thinking about it	Can use it in my ministry	Have rejected it	Consider it 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		

If other, explain: _____

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

INFORMATION ABOUT YOUR PERSONAL LIFE

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/Traits 1

Strength/Trait 2

Strength/Trait 3

Weakness/Growth Areas

Weakness/Growth Areas 2

Weakness/Growth Areas 3

EMPLOYMENT HISTORY

List most recent employment first.

Start	End	Name, Present Address of business, firm, or agency	Title or Position	Immediate Supervisor's Name & Title	Salary	Reason for Leaving

MILITARY SERVICE RECORD

Were you on active duty in the military? Yes No

Branch: _____ From: _____ To: _____ Rank: _____ Type of Discharge: _____

Special Training: _____

WORK RECORD

Have you ever been dismissed from any job? Yes No

If yes, explain: _____

PHYSICAL HEALTH INFORMATION

Rate your physical health: Very Good Good Average Poor

List all important physical limitations that would hinder your ability to serve in a ministry setting:

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 mental health provider? Yes No

If yes, how many sessions? _____ From _____ To _____

If yes, nature of treatment?

Have you ever been prescribed medication for depression, anxiety or other mental health condition?

Yes No

LEGAL

Have you ever been:

Accused of sexual harassment? Yes No

If yes, explain:

Formally charged with sexual harassment? Yes No

If yes, explain:

Arrested for any violation of law? Yes No

If yes, explain:

Indicted for any violation of law? Yes No

If yes, explain:

Convicted of any violation of law? Yes No

If yes, explain:

A defendant in a criminal proceeding? Yes No

If yes, explain:

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

Signed _____ Date: _____