

Personal Data Inventory

Adapted from a standard form for securing biological data developed by the
ADVISORY COMMITTEE ON PSYCHOLOGICAL ASSESSMENT OF THE UNITED METHODIST CHURCH

Applying For: (check one)

- Candidacy Certification Recertification
- Local Pastor License Renewal
- Professional Certification for _____
- Commissioning Elder Deacon Continuance
- Ordination Elder Deacon
- Appointment Request/Transfer

Please Enter Name of:

Conference _____
 District _____
 Supervising Mentor _____
 Local Church _____

PERSONAL DATA

Full Name _____
 Home Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Office Phone _____
 School or Work Address _____
 Email _____ Have you immigrated from another country? Yes No
 Name of country _____
 Date of your arrival in the US _____ Number of years you have lived in the US _____
 Is English your first language Yes No
 Do you feel comfortable reading/writing in English? Yes No
 What is your preferred language? _____

PHYSICAL DESCRIPTION

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

FAMILY ORIGIN

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 _____

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 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? _____

Please provide a brief description of the reasons for **each** divorce, if applicable: _____

FAMILY

Please include all children whether dependents or adult children, living at home or independently, or from another marriage or relationship.

Children living at home (give name and age)

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

Children NOT living at home (give name and age)

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

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

Other dependents _____

EDUCATION

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 Attended (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 School						

Is the seminary [University Senate](#) Approved: Yes No

Your Average Grades (A+ to D-) High School _____ College _____ Seminary _____

Hobbies and what you do to relax _____

SPOUSE’S EDUCATION (IF NOT MARRIED, LEAVE BLANK. SKIP TO YOUR RELIGIOUS BACKGROUND)

Year graduated from high school or obtained equivalency diploma _____

SPOUSE’S POST SECONDARY EDUCATION

Type of School	Name of School and Location	Dates 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 School						

Is spouse working? If so, list 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 your potential career as minister? _____

TO BE COMPLETED BY SPOUSE

It will be helpful for the candidate's spouse to answer the following:
 How do you feel about your spouse entering ministry? _____

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

 Answered by the candidate _____ Candidate's spouse _____ Signed _____

YOUR 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	Regular	Occasional	Never	Leadership Role (Yes/No)
Sunday Worship				
Church School				
Youth Fellowship				
Choir				
Summer Camp				

Any changes in membership? Yes No If yes, explain _____
 Any recent changed in religious life? Yes No If yes, explain _____
Use additional sheet if necessary

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 ministry:

<input type="checkbox"/> Music	<input type="checkbox"/> Educator	<input type="checkbox"/> Inner City Ministry	<input type="checkbox"/> Christian Education	<input type="checkbox"/> Parish	<input type="checkbox"/> Counselor
<input type="checkbox"/> Suburban ministry	<input type="checkbox"/> Youth Ministry	<input type="checkbox"/> Chaplain	<input type="checkbox"/> Pastor	<input type="checkbox"/> Rural Ministry	<input type="checkbox"/> Program Director
<input type="checkbox"/> Campus	<input type="checkbox"/> Preacher	<input type="checkbox"/> Social Activist	<input type="checkbox"/> Business Manager	<input type="checkbox"/> Missions	<input type="checkbox"/> Evangelist
<input type="checkbox"/> Health Ministries	<input type="checkbox"/> Institutional Leader	<input type="checkbox"/> Spiritual Guide	Other		

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

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

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

List three (3) of your most important strengths or outstanding traits and three (3) of your weaknesses or areas of needed growth (order 1-2-3)

Strengths/Outstanding Traits

Weakness/Growth Areas

- 1. _____
- 2. _____
- 3. _____

- 1. _____
- 2. _____
- 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

Are/were you on active duty in the military: Yes No

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

Are/were you actively enrolled in the military reserves? 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: Yes _____ No _____ Reason _____

EMOTIONAL HEALTH INFORMATION

Rate your emotional health: Very good Good Average Poor Declining

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

If yes, please state the name of the medicine(s) and the reason you are taking them: _____

Are you aware of ever being given a mental health diagnosis? If so, please provide the name of the diagnosis or any information regarding it: _____

LEGAL

Have you ever been:			Explain:
1. Accused of sexual harassment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Formally charged with sexual harassment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Arrested for any violation of law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Indicted for any violation of law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Convicted of any violation of law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. A defendant in a criminal proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered YES to any of the above, please provide a detailed explanation. Use an additional sheet if necessary.

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

Signed _____ Date _____