

# 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:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Music Educator    | <input type="checkbox"/> Inner City Ministry | <input type="checkbox"/> Christian Education | <input type="checkbox"/> Parish 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 Preacher     | <input type="checkbox"/> Social Activist      |
| <input type="checkbox"/> Business Manager  | <input type="checkbox"/> Missions Evangelist | <input type="checkbox"/> Health Ministries   | <input type="checkbox"/> Institutional Leader |
| <input type="checkbox"/> Spiritual Guide   | <input type="checkbox"/> 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: \_\_\_\_\_