

# Personal Data Inventory

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

\_\_\_\_\_  
DATE

## 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: \_\_\_\_\_