

# An Introduction to the Career Development Process

There will be several questionnaires that you will be asked to complete before coming to the Center. Some are somewhat lengthy and require some thought on your part. While we recognize that time is at a premium for all of us, we ask that you give prayerful consideration to the questions and provide as much information as possible. We want to get to know you and help your ministry committee get to know you as well through the report that will be written. This is one of your first steps in the candidacy process.

You will not come to us simply “for testing.” We seek to engage you in understanding your career development process. Career development is a lifelong process involving a continuous search for ways of acting on your understanding of your gifts and what you have to offer. It is a process which is best when it is dynamic—responsive to growth, to deepening values, and to changing life perspectives and circumstances.

In one sense, a candidate program for someone considering a church-related vocation is no different from a career development program at any other point in life. It is an opportunity to take a current and comprehensive look at who you uniquely are: your interests, competencies, indications of potential, values, needs, and wishes. Further, it is an opportunity to plan how you will act on that understanding of yourself in the context of the needs and other realities of the church and the world it serves. This candidate program is designed specifically to help you look carefully at yourself. It is an opportunity for you to be yourself and to engage in self-exploration, using the time as one for learning or confirmation of your gifts, strengths, growing edges, dreams and desires.

Pages 1 – 4 of the following form provide information required by the Board of Ordained Ministry and a copy of those pages will be attached to the report to the BOM. Pages 5 – 7 are for the counselor’s use. All of the information you provide will help the counselor get to know you and to stimulate your own reflection and self-understanding. There are, of course, no wrong or right responses or particular responses we are looking for. In most instances a report will be written summarizing your career outlook. It will include indications of your strengths, promising directions, priorities, and limitations.

Please write legibly or use a typewriter or word processor if possible. If you need more space, attach additional sheets. If you use a word processor, please maintain the outline of the personal data form and include the questions as you type.

We look forward to our time together.

Please return the completed form to:

Ministry Development Services  
6100 Sardis Road  
Charlotte, NC 28270  
Fax: 704-307-4607  
[mdvs@ministryds.org](mailto:mdvs@ministryds.org)

# PERSONAL DATA INVENTORY

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

**APPLYING FOR (check one)**

- Candidacy Certification
- Probation for Deacon
- Ordination as deacon
- Probation for Elder
- Ordination for Elder
- Local Pastor's License
- Other \_\_\_\_\_

**PLEASE ENTER NAME OF**

CONFERENCE \_\_\_\_\_  
DISTRICT \_\_\_\_\_  
SUPERVISING MENTOR \_\_\_\_\_  
LOCAL CHURCH \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL DATA**

Full name \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Office phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email address \_\_\_\_\_  
School or Work Address \_\_\_\_\_  
Have you emigrated from another country?  Name \_\_\_\_\_ Date you arrived \_\_\_\_\_  
Number of years 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 \_\_\_\_\_ Yr of death \_\_\_\_\_ If deceased: Age at death \_\_\_\_\_ Yr 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  Widow(er)  
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 full 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(s) terminated \_\_\_\_\_  
Terminated by death? \_\_\_\_\_ By divorce? \_\_\_\_\_  
Previous marriage(s) of your spouse:

Date of marriage(s) \_\_\_\_\_ Date(s) terminated \_\_\_\_\_  
Terminated by death? \_\_\_\_\_ By divorce? \_\_\_\_\_

**FAMILY DEPENDENTS**

Minor dependent children living at home (give full name and date of birth – Attach extra sheet if necessary)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Minor children NOT living with you (give full name and date of birth – Attach extra sheet if necessary)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Child support paid, if any \$ \_\_\_\_\_ per month. Other dependents: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Adult children (give full name and date of birth – Attach extra sheet if necessary)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**YOUR SECONDARY EDUCATION**

Year graduated from high school or obtained equivalency diploma: \_\_\_\_\_ High school name/city/state: \_\_\_\_\_

**YOUR POST SECONDARY EDUCATION (Attach additional sheets if necessary)**

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						

**SPOUSE'S SUPPORT OF YOUR MINISTRY**

Spouse's religious background \_\_\_\_\_

Spouse's 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 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? \_\_\_\_\_  
 When was your first involvement with the UMC? Year: \_\_\_\_\_ Your age at that time: \_\_\_\_\_  
 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	Considered 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"/> Christian education  | <input type="checkbox"/> Music       | <input type="checkbox"/> Educator   | <input type="checkbox"/> Inner City Ministry |
| <input type="checkbox"/> Youth Ministry       | <input type="checkbox"/> Parish      | <input type="checkbox"/> Counselor  | <input type="checkbox"/> Suburban Ministry   |
| <input type="checkbox"/> Program director     | <input type="checkbox"/> Chaplain    | <input type="checkbox"/> Pastor     | <input type="checkbox"/> Rural ministry      |
| <input type="checkbox"/> Business manager     | <input type="checkbox"/> Campus      | <input type="checkbox"/> Preacher   | <input type="checkbox"/> Social Activist     |
| <input type="checkbox"/> Health Ministries    | <input type="checkbox"/> Missions    | <input type="checkbox"/> Evangelist | <input type="checkbox"/> Spiritual guide     |
| <input type="checkbox"/> Institutional Leader | <input type="checkbox"/> 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 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. (Attach additional sheets, if necessary.)

Employed from to mo/yr - 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 To	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? \_\_\_\_\_

**LEGAL**

Have you ever been:

- Accused of sexual harassment?  yes  no - explain \_\_\_\_\_
- Formally charged with sexual harassment?  yes  no - explain \_\_\_\_\_
- Arrested for any violation of law?  yes  no - explain \_\_\_\_\_
- Indicated for any violation of law?  yes  no - explain \_\_\_\_\_
- Convicted of any violation of law?  yes  no - explain \_\_\_\_\_
- Defendant in a criminal proceeding?  yes  no - explain \_\_\_\_\_

**PHYSICAL HEALTH INFORMATION**

Rate your physical health-----  very good  good  average  poor  declining

List all important physical difficulties \_\_\_\_\_

Do you have a physical condition that makes it difficult or impossible for you to climb stairs?  Yes  No

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 been prescribed medication for depression, anxiety or other mental health condition?  yes  no

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

Signed \_\_\_\_\_ date \_\_\_\_\_

**I. FAMILY HEALTH HISTORY:**

	<u>Age</u>	<u>Living Health</u>	<u>Deceased Age at Death</u>	<u>Cause of Death</u>
Father	—	—	—	—
Mother	—	—	—	—
Brothers (B) and Sisters (S)	—	—	—	—
	—	—	—	—
	—	—	—	—

If there is a family history of any of the following, please indicate how that person is related to you.

	<u>Relationship</u>		<u>Relationship</u>
Cancer	—	High Blood Pressure	—
Diabetes	—	Heart Disease	—
Kidney Disease	—		

**II. YOUR HEALTH HISTORY:**

- V. Operations, hospitalizations (type and date) \_\_\_\_\_  
\_\_\_\_\_
2. Other illnesses (nature and date) \_\_\_\_\_  
\_\_\_\_\_
3. Have you consulted a physician within the past five years? If so, when and for what reason?  
\_\_\_\_\_
4. Have you ever consulted a psychiatrist, psychologist, or counselor? If so, when and for what reason?  
\_\_\_\_\_

**III. YOUR PERSONAL HEALTH HABITS:**

1. Exercise and recreation (indicate frequency) \_\_\_\_\_  
\_\_\_\_\_
2. Current Medications \_\_\_\_\_
3. Do you smoke? No \_\_\_\_ . Yes \_\_\_\_ . Amount \_\_\_\_\_
4. Do you drink alcoholic beverages? No \_\_\_\_ . Yes \_\_\_\_ . Amount \_\_\_\_\_
5. Do you have any of the following symptoms regularly or severely enough to cause you concern?

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Chest Pain	—	—	Abdominal Pain	—	—
Shortness of Breath	—	—	Nausea or Vomiting	—	—
Ankle Swelling	—	—	Diarrhea or Constipation	—	—
Rapid or Irregular Heart Beat	—	—	Nervousness	—	—
Dizziness	—	—	Headaches	—	—
Fainting spells	—	—	Difficulty Concentrating	—	—
Cough productive of Phlegm	—	—	Allergies	—	—
Cough productive of Blood	—	—	Sexual Concerns	—	—
Frequent Urination	—	—	Other health worries	—	—
Painful Urination	—	—	Mental Illness	—	—

#### IV. WOMEN ONLY

1. Menstrual history \_\_\_\_\_
2. Number of pregnancies \_\_\_\_\_
3. Number of living children \_\_\_\_\_
4. Age at menopause \_\_\_\_\_

#### V. ADDITIONAL COMMENTS/Clarification of Health History:

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##### **Your Faith Development**

- Describe your earliest memory of a religious/spiritual experience or belief.
  -
  
- How would you describe your present relationship with God? In what way does your relationship with God influence your daily life?
  -
  
- What personal spiritual disciplines do you practice on a regular basis?
  -
  
- What religious idea or concept is most important to you now?
  -
  
- How does your practice of ministry or church involvement fulfill your personal and/or spiritual needs?
  -

##### **Your Call**

- What occupation (s) did your parents encourage you to follow?
  -
  
- What other occupations did you consider?
  -

- What does called to ministry mean to you?
  -
  
- Describe your call to ministry. How do you know that you are called to ministry as a vocation rather than as a volunteer?
  -
  
- What is your vision of yourself in ministry? What role in ministry do you believe you are called to and why?
  -
  
- What skills or attributes which you believe will be important to you do you think you are lacking and would like to develop?
  
- What feedback have you received from supervisors, employers, and/or peers about your strengths and weaknesses?

### **Your Leadership Style**

- Describe your leadership style.
  
- When has this style worked well for you as a leader?
  
- When has it not worked well for you?
  
- When you encounter conflict with another person, how are you likely to respond?

### **SUMMARY**

- What is the most important lesson you have learned to date?
  
- What are you hoping for in the career development program experience? What issues not previously mentioned would you like to work on in the experience?