

BIOGRAPHICAL INFORMATION

(If more space is needed attach a sheet at end of form)

GENERAL

Date this form completed _____

Place of Birth _____

Date of Birth _____

NAME _____

(Social Security Number)

CURRENT ADDRESS _____

(ZIP Code)

PERMANENT ADDRESS _____

(ZIP Code)

EMAIL ADDRESS _____

HOME TELEPHONE () _____

OFFICE TELEPHONE () _____

CELL PHONE () _____

FAX NUMBER () _____

PROFESSIONAL DATA

Are you a member of the Christian Church (Disciples of Christ)? _____

If so, where and how long? _____

If you have been a member of another denomination, please indicate which one, where you were a member, and what years you were a member..

List congregations/Christian organizations to which (or for which) you have ministered, indicating position of service _____

Have you ever followed an occupation other than ministry? If so, please indicate and give dates.

References: Please list names and address of four people who know you well including at least one minister, and please request letters of reference from them to be mailed to the address on the last page of this form.

NAMES AND RELATIONSHIP TO YOU	ADDRESSES

YOUR MARITAL STATUS

If married, spouse's name and employment _____

Spouse's religious background _____

Previous marriages of yourself: Date of marriages(s) _____

Date terminated _____ Terminated by death? _____ By divorce? _

FAMILY DEPENDENTS

Minor dependent children at home (give name and age)

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

YOUR EDUCATION AND TRAINING

Type of School	Name of School and Location	Dates of Attendance (Month & Year) From to	Type of Course or Major subject
High School			
College			
Seminary			
Other			

ACADEMIC HONORS AND AWARDS:

EMPLOYMENT HISTORY

Give most recent experience first. Be sure that the addresses are correct. Use one line for each position. Is the firm for which you worked out of business?

Employed from Mo. Yr. to Mo. Yr.	Name & Address Business Firm or Agency	Title or Position	Reason for Leaving

Have you ever been dismissed from any job? Yes _____ No _____

If your answer is yes, which job? _____

For what reason? _____

MILITARY SERVICE RECORD

Were you on active duty in the military? Yes _____ No _____

Branch	Service Dates		Rank	Type of Discharge	Special Training
	From	To			

HEALTH INFORMATION

Rate your physical health: Very Good ___ Good ___ Average ___ Poor ___ Declining ___

Any physical health issues: _____

Do you have health insurance: _____

Any emotional health issues?: _____

Have you ever been treated or seen by a counselor or other mental health professional?

Yes ___ No ___

LEGAL

Except for minor traffic violations, were you ever convicted of any violation of law?

Yes ___ No ___ If yes, when? _____

Were you ever convicted of sexual misconduct? _____

YOUR INTEREST IN CAREER OF MINISTRY

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 change in your religious life? Yes _____ No _____. If yes, explain _____

Describe your call to ministry _____

Who are the people who influenced your decision to enter ministry and how?

To what area(s) of ministry do you feel called? _____

What do you consider your gifts for ministry? _____

What are your educational plans for reaching your goal in ministry? _____

As you see yourself, list three (3) of your most important strengths or outstanding traits and three (3) of your weaknesses (in order 1-2-3)

Strengths		Weaknesses	
1		1	
2		2	
3		3	

How do you spend your leisure time? _____

Anything else you would like to share with the Commission about your call you would like us to know.

Is there anything you want from the Commission on Ministry?

PLEASE RETURN TO: Christian Church (Disciples of Christ) in Tennessee, 7980 Coley Davis Rd. Suite 102, Nashville, TN 37221, 615/646-3705