



PERSONAL AND PROFESSIONAL INFORMATION PACKAGE (INFORMATION INVENTORY)

INSTRUCTIONS

- 1. Any materials submitted become property of the Florida District of the Wesleyan Church and will not be returned.**
- 2. Please print or type.**
- 3. Fill out inventory completely. Do not mark "See Resume."**
- 4. Allow a minimum of three weeks to be contacted.**
- 5. Sign and date your Information Inventory Package.**
- 6. There will be a background and credit check done on all incoming applicants.**

**FLORIDA DISTRICT OF THE WESLEYAN CHURCH
3807 MARYWEATHER LN | WESLEY CHAPEL, FL 33544
PHONE: (813) 907-5511 FAX: (813) 907-5522
EMAIL: DS@FLORIDAWESLEYAN.COM**

PART A, GENERAL INFORMATION

NAME:

ADDRESS:

CELL PHONE:

HOME PHONE:

WORK PHONE:

FAX NUMBER:

EMAIL ADDRESS:

EDUCATION (CHECK ALL LEVELS THAT APPLY TO YOU)

HIGH SCHOOL

TECH SCHOOL

COLLEGE

GRADUATE

OTHER:

OTHER:

NAME OF EDUCATIONAL INSTITUTION, CITY AND STATE (MOST RECENT FIRST):

NAME/CITY/STATE	MAJOR /MINOR/CONCENTRATION	DEGREE EARNED/CERTIFICATE

**IF MORE SPACE IS REQUIRED, USE THE SAME FORMAT AT PART F,
ADDITIONAL INFORMATION, PAGE 11.**



PART B, EMPLOYMENT RECORD

**DIRECTIONS: LIST YOUR PRESENT OR MOST RECENT EMPLOYER FIRST.
ACCOUNT FOR EMPLOYMENT DURING THE PAST TEN YEARS.
IF MORE SPACE IS REQUIRED, USE THE SAME FORMAT AT PART F.**

EMPLOYER NAME:

MAY WE CONTACT YOUR CURRENT EMPLOYER?

ADDRESS:

TYPE OF BUSINESS:

JOB TITLE:

JOB DESCRIPTION:

START DATE:

END DATE:

WORK PHONE:

FAX NUMBER:

REASON FOR LEAVING:

SUPERVISOR'S NAME:

SUPERVISOR'S TITLE:

SUPERVISOR'S PHONE NUMBER:



PART B, EMPLOYMENT RECORD – CONTINUED

EMPLOYER NAME:

ADDRESS:

TYPE OF BUSINESS:

JOB TITLE:

JOB DESCRIPTION:

START DATE:

END DATE:

WORK PHONE:

FAX NUMBER:

REASON FOR LEAVING:

SUPERVISOR'S NAME:

SUPERVISOR'S TITLE:

SUPERVISOR'S PHONE NUMBER:

PART B, EMPLOYMENT RECORD – CONTINUED

EMPLOYER NAME:

ADDRESS:

TYPE OF BUSINESS:

JOB TITLE:

JOB DESCRIPTION:

START DATE:

END DATE:

WORK PHONE:

FAX NUMBER:

REASON FOR LEAVING:

SUPERVISOR'S NAME:

SUPERVISOR'S TITLE:

SUPERVISOR'S PHONE NUMBER:

IF MORE SPACE IS REQUIRED, USE SAME FORMAT, PLACE IN PART F.



PART C, ADDITIONAL PROFESSIONAL INFORMATION

ARE YOU AN ORDAINED MINISTER?

IF YES, LIST THE DENOMINATION AND DATE OF ORDINATION:

ARE YOU IN GOOD STANDING?

ARE YOU A MEMBER OF THE WESLEYAN CHURCH?

IF NOT, IN WHAT CHURCH DO YOU HOLD MEMBERSHIP?

HAVE YOU EVER RESIGNED FROM, OR BEEN DISMISSED BY, ANY MINISTERIAL POSITION WITH ANY CHURCH OR RELIGIOUS INSTITUTION?

IF YES, EXPLAIN FULLY IN PART F (DESCRIBE WHEN AND WHERE EACH RESIGNATION OR DISMISSAL OCCURRED, AND THE BASIS FOR EACH SUCH CASE).

IF NOT A WESLEYAN, WHY HAVE YOU CHOSEN TO MINISTER IN THE WESLEYAN CHURCH?

ARE YOU MARRIED?

ARE YOU DIVORCED?

ARE YOU A WIDOW(ER)?

IF MARRIED, ARE YOU LIVING WITH YOUR SPOUSE?

IF MARRIED, LIST WAYS YOUR SPOUSE MIGHT CONTRIBUTE TO COMPLIMENT YOUR MINISTRY.

IF ADDITIONAL SPACE IS REQUIRED GO TO PART F.

PART C, ADDITIONAL PROFESSIONAL INFORMATION – CONTINUED

DESCRIBE THE RELATIONSHIP WHICH HAVE EXISTED BETWEEN YOU AND YOUR LOCAL CHURCH(ES):

[Redacted area for relationship description]

WHEN WERE YOU CONVERTED?

[Redacted area for conversion date]

ARE YOU SANCTIFIED?

EXPLAIN:

[Redacted area for explanation of sanctification]

WHEN WERE YOU BAPTIZED?

[Redacted area for baptism date]

DESCRIBE HOW YOU WERE CALLED INTO THE MINISTRY?

[Redacted area for ministry call description]

DO YOU FEEL LED TO ANY SPECIFIC TYPE OF MINISTRY AT THIS TIME?

[Redacted area for current ministry type]

IF YOU ARE CURRENTLY UNEMPLOYED, UPON WHOM ARE YOU DEPENDENT?

[Redacted area for employment dependency]

HAVE YOU HAD A POSITION WHERE YOU HAD TO PLAN YOUR OWN TIME? IF YES, WHAT POSITION?

[Redacted area for position planning]

IF ADDITIONAL SPACE IS REQUIRED GO TO PART F.



PART C, ADDITIONAL PROFESSIONAL INFORMATION – CONTINUED

ARE YOU PRESENTLY OR HAVE YOU EVER BEEN IN ARREARS ON REPAYMENT OF ANY DEBTS OR OBLIGATION?

IF SO, PLEASE EXPLAIN:

COULD YOUR FINANCIAL OBLIGATIONS, IN ANY WAY, INTERFERE WITH YOUR INFLUENCE AS A MINISTER?

IF SO, PLEASE EXPLAIN:

WILL YOU MAKE EVERY EFFORT TO ASSURE THAT YOUR INFLUENCE WILL NOT BE MARRED NOR BRING REPROACH TO THE GOSPEL, EITHER BY YOUR PERSONAL OBLIGATIONS OR YOUR LIFESTYLE?

ARE YOU AND YOUR SPOUSE MAINTAINING A LIFE OF SEXUAL PURITY AND FAITHFULNESS IN YOUR MARRIAGE COVENANT?

HAVE YOU OR YOUR SPOUSE EVER BEEN INVOLVED IN SEXUAL ACTIVITY WITH A MINOR?

IF YES, EXPLAIN AT PART F.

IF ADDITIONAL SPACE IS REQUIRED GO TO PART F.

PART D, OTHER PERSONAL DATA

GIVE NAMES OF ALL PATRIOTIC, CIVIC, SOCIAL, FRATERNAL, OR ATHLETIC SOCIETIES TO WHICH YOU BELONG OR HAVE BELONGED:

HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION COMMONLY CONSIDERED POLITICALLY SUBVERSIVE?

HAVE YOU EVER BEEN A USER OF TOBACCO, ALCOHOL, OR OTHER HARMFUL DRUGS?

IF SO, EXPLAIN HOW YOU WERE DELIVERED FROM SUCH USES.

WHAT IS YOUR ATTITUDE TOWARD THE ABOVE PRACTICES OR OTHER PERSONAL HABITS WHICH ARE INJURIOUS PHYSICALLY OR HURTFUL TO ONE'S INFLUENCE?

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY OR "NO CONTEST" TO, ANY CRIMINAL OFFENSE?

IF YES, EXPLAIN FULLY AT PART G (IDENTIFY EACH CONVICTION OR PLEAS OF GUILTY, WHEN AND WHERE EACH INCIDENT OCCURRED, AND THE SENTENCE RECEIVED.)

DO YOU HAVE ANY PROBLEMS OR ISSUES WITH THE DISCIPLINE OF THE WESLEYAN CHURCH?

IF SO, EXPLAIN YOUR PROBLEMS:

DO YOU BELIEVE IN, AND ARE YOU PRACTICING, STOREHOUSE TITHING AS DEFINED IN DISCIPLINE 465?

IF NO, EXPLAIN:

PART E, REFERENCES

NAME:

RELATIONSHIP:

ADDRESS:

POSITION:

PHONE NUMBER:

NAME:

RELATIONSHIP:

ADDRESS:

POSITION:

PHONE NUMBER:

NAME:

RELATIONSHIP:

ADDRESS:

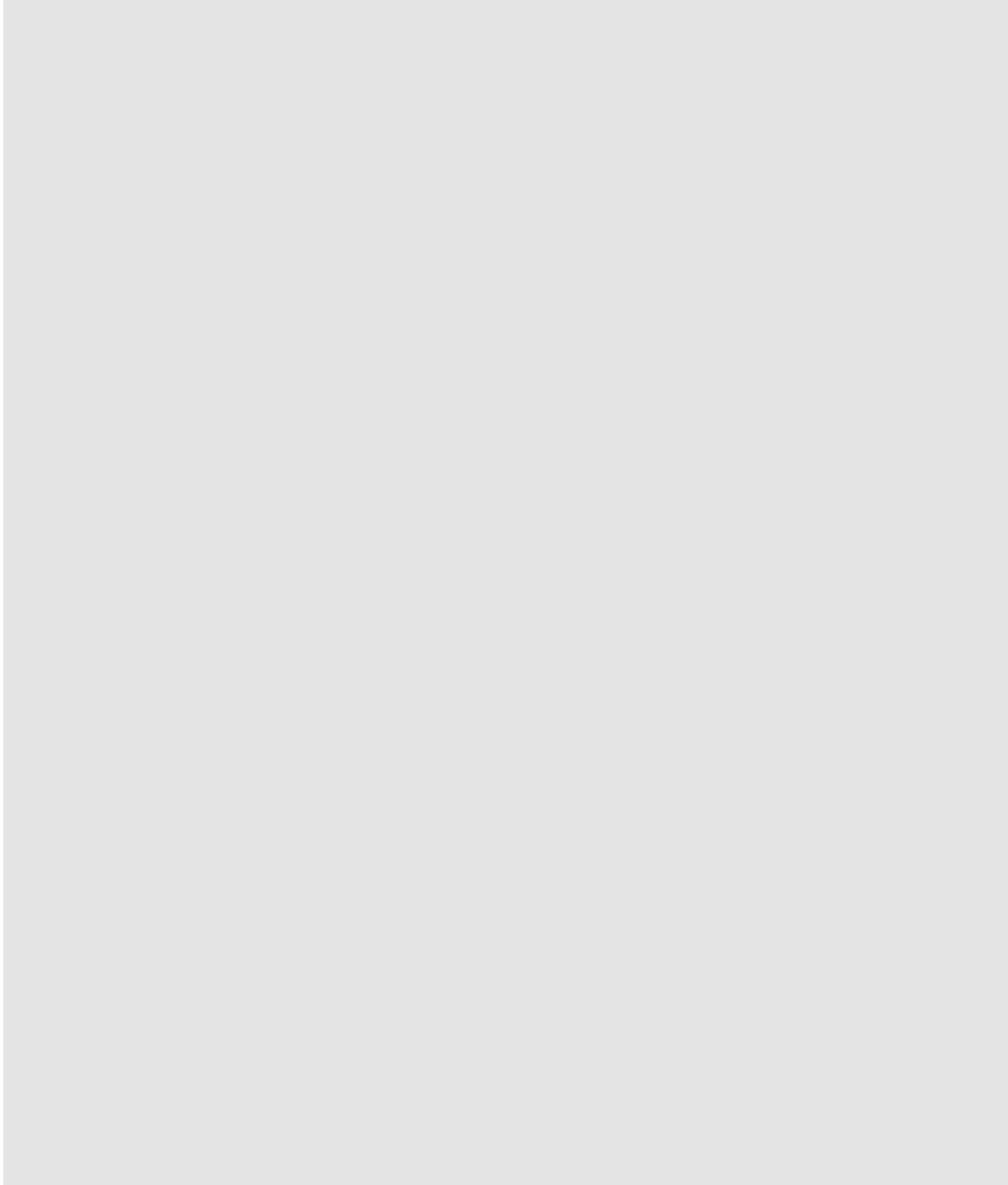
POSITION:

PHONE NUMBER:

DURING THE SELECTION PROCESS, WE MAY CONDUCT REFERENCE CHECKS WITH EMPLOYERS, SUPERVISOR, AND REFERENCES. IF YOU DO NOT WANT A CERTAIN EMPLOYER, SUPERVISOR, OR REFERENCE CONTACTED INITIALLY INDICATE WHO AND WHY?



PART F, ADDITIONAL INFORMATION



ADD ADDITIONAL SHEETS AS NECESSARY.

PART G, CHRISTIAN EXPERIENCES AND APPLICATION,

GIVE DATE, IDENTIFY AND DESCRIBE THE LAST TIME YOU LED SOMEONE TO CHRIST:

HOW WOULD YOU SET ABOUT DISCIPLING A NEW CONVERT IN A CHURCH CONTEXT?

HOW WOULD YOU TURN A PLATEAUED OR DECLINING CHURCH AROUND?

WHAT EVIDENCE CAN YOU PROVIDE IN REFERENCE TO YOUR LEADERSHIP PRODUCING CHURCH GROWTH.

WHAT TRACK RECORD DO THE CHURCHES YOU PREVIOUSLY SERVED HAVE PAYING DENOMINATIONAL AND DISTRICT ASSESSMENTS?

PART H, LIST YOUR SKILLS AND SPECIAL ABILITIES

USE A SEPARATE SHEET OF PAPER IF NECESSARY.



PART I, CERTIFICATION AND AGREEMENT

I certify that the information I have provided in this Information Inventory is true and complete to the best of my knowledge and belief. I give the Florida District of the Wesleyan Church and its authorized agent's permission to verify and/or disclose any information given in connection with this Information Inventory for candidating at a church in the Florida District of the Wesleyan Church. I acknowledge that any misstatements or omissions in this Information Inventory may be cause for elimination from further consideration or dismissal. I hereby authorize any and all persons and agencies to furnish to the Florida District of the Wesleyan Church any information, including documents in my personnel file, which may be necessary to verify this Information Inventory and other materials submitted and hereby waive any rights of privacy to the information or documents which I may have under any federal, state or local law, ordinance or rule.

PART I, CERTIFICATION AND AGREEMENT – CONTINUED,

I also understand that an incomplete Information Inventory may delay or prevent candidating opportunities with the Florida District of the Wesleyan Church. I hereby release the Florida District of the Wesleyan Church, as well as those contracted by the District, from any liability or damage which may result from furnishing or using the information requested.

SIGNATURE

DATE