

# PERSONNEL DATA INFORMATION SHEET

The information from this questionnaire will be used as a part of a personnel file for each member of the clergy in the Sixth Episcopal District of the A.M.E. Church. Please answer each question and attach additional pages if necessary to complete your answer.

Name of your Presiding Elder

Date Completed

1. Name \_\_\_\_\_  
MR./MRS/MS. LAST FIRST MIDDLE/MAIDEN

(AREA CODE) CELL PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

2. Name of Church: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
STREET CITY/STATE ZIPCODE

(AREA CODE) PHONE NUMBER \_\_\_\_\_ (AREA CODE) FAX NUMBER \_\_\_\_\_

Location Address (If not the same as mailing address): \_\_\_\_\_  
POST OFFICE BOX \_\_\_\_\_

CITY, STATE ZIP CODE

3. Is there a Church Parsonage? Yes  No   
If yes, please provide the address:

STREET CITY STATE ZIP CODE

(AREA CODE) PHONE NUMBER \_\_\_\_\_ (AREA CODE) FAX NUMBER \_\_\_\_\_

4. Residence Address (If Different from Parsonage): \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

(AREA CODE) PHONE NUMBER \_\_\_\_\_ (AREA CODE) FAX NUMBER \_\_\_\_\_

5. Do you own your own home? Yes  No   
If yes, please provide the address:

STREET CITY STATE ZIP CODE

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**CITY**

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## STATE

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**ZIP CODE**

6. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

7. Are you married? Yes  No   
If yes, please state your spouse's name \_\_\_\_\_

8. Have you ever used or been known by any other legal name? Yes  No   
If yes, explain. \_\_\_\_\_

9. Are you a United States citizen? Yes  No   
If no, please state current citizenship.

## Education:

A. High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
(Name and Location)

B. List all postsecondary educational institutions attended:

NAME & LOCATION

**DATES ATTENDED**

CERTIFICATES/DEGREES RECEIVED

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10. Are you or have you ever been a member of the armed forces of the United States?  
Yes  No  If yes, please list:

**C. Dates of Service:**

D. Branch or Component: \_\_\_\_\_

E. Date & type of discharge: \_\_\_\_\_

13. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid). If yes, give details.

<u>DATE</u>	<u>PLACE</u>	<u>NATURE</u>	<u>DISPOSITION</u>

14. List all of your employment, other than your employment with the A.M.E. Church from 25 years of age to present.

<u>EMPLOYER'S NAME &amp; ADDRESS</u>	<u>TYPE OF BUSINESS</u>	<u>OCCUPATION/ JOB TITLE</u>	<u>PERIOD OF EMPLOYMENT</u>

15. When were you ordained in the African Methodist Episcopal Church? Please state the year, conference and the Presiding Bishop.

	<u>YEAR</u>	<u>CONFERENCE</u>	<u>PRESIDING BISHOP</u>
a. Deacon			
b. Elder			

16. Were you ordained as an Itinerant \_\_\_\_\_ or Local \_\_\_\_\_

17. List all of your appointments within the African Methodist Episcopal Church starting with your first appointment to your current position. Please include the specific appointment and name of the church, if you were assigned to a specific church, and the dates of the appointment.

<u>APPOINTMENT/ASSIGNED CHURCH</u>	<u>DATE</u>

18. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, and the date(s) of your membership(s).

NAME MAILING ADDRESS OFFICE(S) HELD & TERM DATE(S) OF MEMBERSHIP

## **VERIFICATION**

I, \_\_\_\_\_, hereby verify the following: (1) I have personally prepared or read the answers to the foregoing questions; (2) That the information contained in said answers is complete and true; and (3) As a member of the clergy of the African Methodist Episcopal Church, I will fully support the principles and guidelines established in the current Book of Discipline of the African Methodist Episcopal Church.

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**Signature of Applicant**