

CONFIDENTIAL

Please print legibly in ink
or type your responses.
Attach additional sheets, if needed.
Thank you.

PERSONAL REVIEW – HOUR SESSION

A Questionnaire
for use in
Career Development and Planning

Name _____ Date _____

Address _____

Phone Number _____

E-mail address _____

BIOGRAPHICAL INFORMATION:

1. Date of birth _____ Place of birth _____
2. Sex _____ Marital status: Single _____ Married _____ Divorced _____ Widowed _____
Separated _____ If married, date of marriage _____ Race/Ethnic _____
3. Date of Certification, Licensure, Ordination, etc. (if applicable) _____
4. Religious affiliation (if any) _____
Name of congregation/church of which you are a member _____
City, state _____
5. Present position _____

Return to:
MINISTRY DEVELOPMENT SERVICES
Presbyterian Samaritan Counseling Center
5203 Sharon Road
Charlotte, NC 28210
704-554-9222
704-554-9956 (fax)
mds@presbyteriansamaritan.org

6. Father's occupation _____ Level of Education _____

Mother's occupation _____ Level of Education _____

7. If married, name of spouse _____

Occupation _____ Level of Education _____

8. List your brothers (B) and sisters (S) chronologically, beginning with the oldest and indicating yourself (SF). If any are deceased, place (D) after their age at time of death.

B, S, SF

AGE

OCCUPATION

LEVEL OF EDUCATION

9. Please list all educational experiences since high school in which you were involved in a degree program, whether you received the degree or not.

<u>Dates</u>	<u>Institution</u>	<u>Major</u>	<u>Degree Received</u>	<u>Average grade</u>
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10. Please list all of your income producing experiences since high school, starting with the first and concluding with your present position. Attach a resume, if available.

<u>Dates</u>	<u>Employer</u>	<u>Duties</u>	<u>Remuneration</u>
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11. Please describe your present employment situation: