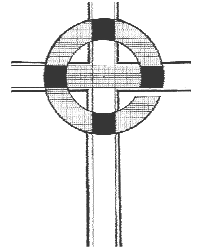




## THE PRESBYTERY OF ELIZABETH

525 EAST FRONT STREET  
PLAINFIELD, NEW JERSEY 07060  
(908) 755-3776; FAX (908) 755-3216  
office@elizabethpresbytery.org www.elizabethpresbytery.org



“Greetings to all in the community of faith through which God calls,  
prepares and empowers men and women for ministry!”

We, as the **Committee on Preparation for Ministry**, pledge ourselves to be in a covenant relationship with each other, and those who may be called by God to serve as ordained ministers of Word and Sacrament.

The Scriptures offer solid examples of several covenants for the purpose of ordination in the PCUSA, the New Covenant in Jesus Christ fitting.

The Lord declares,  
This is the covenant I will make with each of them!  
I will put my laws in their minds  
and write them on their hearts.  
I will be their God,  
and they will be my people. (Heb. 8:10, Jer. 31:33)

Therefore we are encouraged to “offer ourselves as living sacrifices, holy and pleasing to God...this is our spiritual act of worship”. (Rom. 12:1)

The prophet, Micah, gives us an additional charge when he says,  
“And what does the Lord require of you?  
To act justly and to love mercy  
And to walk humbly with your God.” (Micah 6:8)

In order to honor this covenant and to perpetuate the grace of God, we ask that mutual trust, honesty and respect prevail. We support each Inquirer and Candidate as s/he completes the attached Background Data Form in prayer and with integrity.

The Background Data Form is *confidential* and reviewed *only* by the Chairperson of the Committee on Preparation for Ministry, the Executive Presbyter, or his/her designee. The form will be retained in the Presbytery Inquirer/Candidate’s files and destroyed five years after ordination.

The Presbytery of Elizabeth  
Committee on Preparation for Ministry  
Background Data Form

NAME: \_\_\_\_\_

I. BIRTH:

- A. Date of Birth \_\_\_\_\_  
B. Place of Birth: City \_\_\_\_\_ State: \_\_\_\_\_  
County \_\_\_\_\_ Country: \_\_\_\_\_  
C. Social Security No.: \_\_\_\_\_

II. CITIZENSHIP:

- A. Check one  UNITED STATES  OTHER  
B. If you are not a citizen of the United States, have you applied for naturalization?  
 YES  NO  
C. If yes, when do you expect to become naturalized? \_\_\_\_\_  
D. If no, what is your status and alien registration number, if any? \_\_\_\_\_

III. ADDRESSES:

List each address at which you have resided in the past 3 years.  
 Check here if a list of additional addresses is attached.

Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

IV. EDUCATION:

A. HIGH SCHOOL

Name: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma \_\_\_\_\_

B. COLLEGE, UNIVERSITY AND SEMINARY

List each school attended even if no credit was granted or degree attained:  
 Check here if a list of additional schools is attached.

Name \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Degree \_\_\_\_\_  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Degree \_\_\_\_\_

C. DISCIPLINE

Have you ever been disciplined, reprimanded, suspended, expelled, asked to resign, or permitted to withdraw from any education institution?  YES  NO

V. EMPLOYMENT:

List each employer for whom you now work or have worked in the past 10 years or, if you are under 28, since your 18<sup>th</sup> birthday. Include part-time work. Explain any gaps in employment greater than three months, except for schooling. LIST CURRENT OR MOST RECENT EMPLOYER FIRST.

Check here if a list of additional addresses is attached.

A. COMPANY OR FIRM:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Full Time  Part-Time  
Supervisor's Name: \_\_\_\_\_  
Supervisor's Title \_\_\_\_\_  
From: \_\_\_\_\_ TO: \_\_\_\_\_  
Reason for leaving employment: \_\_\_\_\_

**B. COMPANY OR FIRM:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Position Held: \_\_\_\_\_  
\_\_\_ Full Time \_\_\_ Part-Time  
Supervisor's Name: \_\_\_\_\_  
Supervisor's Title \_\_\_\_\_  
From: \_\_\_\_\_ TO: \_\_\_\_\_  
Reason for leaving employment: \_\_\_\_\_

**C. COMPANY OR FIRM:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Position Held: \_\_\_\_\_  
\_\_\_ Full Time \_\_\_ Part-Time  
Supervisor's Name: \_\_\_\_\_  
Supervisor's Title \_\_\_\_\_  
From: \_\_\_\_\_ TO: \_\_\_\_\_  
Reason for leaving employment: \_\_\_\_\_

- D.** Have you ever been requested to resign from any employment? \_\_\_ YES \_\_\_ NO  
If yes, provide details on a separate attachment.
- E.** In connection with your employment, have you ever been subject to any formal or informal charges of improper behavior that had any part in your quitting, being permitted to resign, or being fired? \_\_\_ YES \_\_\_ NO If yes, provide details on a separate attachment.
- F.** Have you ever been confronted by an employer, supervisor or colleague concerning excessive absences or lateness, lack of diligence, mishandling of property of others, or failure to maintain confidential information? \_\_\_ YES \_\_\_ NO If yes, provide details on a separate attachment.

**VI. ARMED FORCES SERVICES:**

- A.** Have you ever served in any of the armed forces of the United States? \_\_\_ YES \_\_\_ NO
- B.** If yes, indicate the branch of service, dates of each period of active service, rank, serial number, your last service address, and your last commanding officer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C.** If yes, and separated from service, state nature of separation and type of discharge.  
Attach a copy of discharge or separation papers (DD Form #214).

**VII. LICENSES:**

- A.** Have you ever held a professional or occupational license? \_\_\_ YES \_\_\_ NO  
If yes, provide details on a separate attachment.
- B.** Have you ever been suspended from practice, reprimanded, censured, removed, or otherwise, disciplined as a member of any profession or occupation or have any complaints or charges, formal or informal, ever been made or filed or proceedings instituted against you in such capacity? \_\_\_ YES \_\_\_ NO If yes, provide details on a separate attachment.

**VIII. LEGAL PROCEEDINGS:**

Have you ever been charged with, arrested for, or convicted of, the violation of any law (other than minor traffic violations?) \_\_\_ YES \_\_\_ NO

A review will also be conducted with the New Jersey State Police.

**IX. DRIVER'S INFORMATION:**

- A. Driver's Abstract: Attach a 3 year abstract.  
(A New Jersey Motor Vehicles Agency will provide a 3 year abstract).
- B. Has your driver's license ever been suspended or revoked?  
 YES  NO If yes, provide details on a separate attachment.

**X. HEALTH:**

- A. Have you ever outwardly manifested symptoms of addiction to alcohol or drugs?  
 YES  NO If yes, provide details on a separate attachment.
- B. Have you ever been treated for the abuse of narcotics, drugs, or intoxicating substances, including alcohol?  YES  NO If yes, provide details on a separate attachment.
- C. Have you ever been admitted to a hospital or other facility for the treatment of mental or emotional problems?  YES  NO If yes, provide details on a separate attachment.

**XI. CONDUCT:**

- A. Are you or have you ever been a member of a group, the disclosure of which may be a problem?  
 YES  NO If yes, provide details on a separate attachment.
- B. Have you ever been charged with sexual misconduct?  
 YES  NO If yes, provide details on a separate attachment.

**CERTIFICATION**

I understand that the full and correct completion of this statement is a prerequisite for the Committee on Preparation for Ministry of the Presbytery of Elizabeth to certify me as a candidate to receive a call to the Ministry of the Word and Sacrament. I will submit all additional information requested by the Committee together with such supplemental documentation as the Committee deems necessary for its review.

I hereby certify that I have read all of the questions in this document and that all my answers are true and complete. I am aware that if any answers are willfully omitted or false, I may prejudice my certification.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Contact Information:**

Current Address: \_\_\_\_\_  
Phone (h): \_\_\_\_\_  
Phone (o): \_\_\_\_\_  
Cellular: \_\_\_\_\_  
E-mail: \_\_\_\_\_

***This Background Data Form and attachments contain confidential information and will be retained by The Presbytery of Elizabeth at its offices located at 525 E. Front St., Plainfield, NJ 07060. The form and all attachments will be destroyed five years after ordination.***