



**PART C: EDUCATION**

Please give in order the schools you have attended and the time spent in each:

MM/DD/YY	Name & Location of School	Kind of School*	Degree Earned & Date of Conferral

\*Please specify if: 1) High School; 2) college: undergraduate; 3) graduate school

What was your last grade or degree successfully completed? \_\_\_\_\_

Undergraduate area of study: \_\_\_\_\_

Graduate area of study: \_\_\_\_\_

Was your course of study interrupted? \_\_\_\_\_

If *yes*, give the reason: \_\_\_\_\_

What was your final cumulative undergraduate GPA? \_\_\_\_\_

Final graduate cumulative GPA? \_\_\_\_\_

**PART D: WORK EXPERIENCE:**

Please give in order the jobs you have held:

MM/DD/YY	Employer	Position

**PART E: ASSIGNMENTS (FOR PRIESTS AND RELIGIOUS):**

Please give in order the assignments you have held:

MM/DD/YY	Diocese and Parish	Position

**PART G: RELIGIOUS CONGREGATIONS AND DIOCESES (FOR PRIESTS AND RELIGIOUS)**

Diocese of Incardination: \_\_\_\_\_ Name of Ordinary: \_\_\_\_\_  
Contact information for Ordinary: Address \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Religious Congregation: \_\_\_\_\_ Name of Superior: \_\_\_\_\_  
Contact information for Superior: Address \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

**PART H: MILITARY SERVICE:**

Have you ever been a member of the military/armed services? \_\_\_\_\_ If yes, what dates did you serve? \_\_\_\_\_  
If yes, what branch? \_\_\_\_\_ Are you registered with your local draft board? \_\_\_\_\_  
If discharged, list kind of discharge: \_\_\_\_\_

**PART I: ADDITIONAL INFORMATION:**

Have you ever been arrested by the police? \_\_\_\_\_ Do you have a criminal record? \_\_\_\_\_  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you or your family have a history of chronic illness (such as heart disease, diabetes, etc.)? \_\_\_\_\_  
Do you or your family have a history of mental illness (such as depression, anxiety, schizophrenia, bipolar, etc.)? \_\_\_\_\_  
Are you presently seeing a counsellor or therapist? \_\_\_\_\_ If yes, how long have you been in counselling? \_\_\_\_\_  
Are you presently taking any medications? \_\_\_\_\_ If yes, please list. \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*ALL INFORMATION IS CONFIDENTIAL AND USED FOR APPLICATION PURPOSES ONLY.*

I, \_\_\_\_\_, have completed the above information and affirm that it is true to  
Please Print Full Name to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date