

NOMINEE'S BIOGRAPHICAL DATA FORM

Full Name: _____ Date of Birth: _____

Address: _____ SSN: _____

City, State/Zip: _____ Male Female

Phone: _____ Single Married Separated

Number of years resident in Diocese of Southwestern Virginia _____

Have you applied previously for postulancy? Yes No

If yes, in what diocese? _____

Education (List high school, college, and graduate institutions)

School: _____ Graduated? Yes No

City/State: _____ Year _____

Degree/Course of Study: _____

School: _____ Graduated? Yes No

City/State: _____ Year _____

Degree/Course of Study: _____

School: _____ Graduated? Yes No

City/State: _____ Year _____

Degree/Course of Study: _____

Employment (List three most recent jobs)

Employer: _____ Job Title: _____

City/State: _____ Dates of Employment: _____

Job Duties: _____

Reason for Leaving: _____

Form B

Employment (continued)

Employer: _____ Job Title: _____

City/State: _____ Dates of Employment: _____

Job Duties: _____

Reason for Leaving: _____

Employer: _____ Job Title: _____

City/State: _____ Dates of Employment: _____

Job Duties: _____

Reason for Leaving: _____

Hobbies and Special Interests:

1. _____
2. _____
3. _____
4. _____

Awards/Honors/Other Projects:

1. _____
2. _____
3. _____
4. _____

List any health/physical conditions that merit special consideration:

1. _____
2. _____
3. _____