## APPLICATION FOR EMPLOYMENT

Please print all information and answer every question. Scan as a PDF with cover letter before sending.

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| **PERSONAL INFORMATION** |

Name Date

 LAST FIRST MIDDLE INITIAL

Address

 STREET CITY STATE ZIP CODE

Cell Phone Number Home Telephone Number(s)

Personal Email address

Are you 18 years of age or older? If hired, you may be required to submit proof of age.

When can you start? How were you referred to us?

Have you worked here or applied here before? If so, when?

For driving jobs only: Do you have a valid drivers license and proof of insurance?

 Please enter Drivers License Number

Please explain any suspensions or revocations of your drivers license in the past seven years on a separate sheet of paper.

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| **POSITION DESIRED** |

Position Title:

Circle One: FULL TIME PART TIME EITHER

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| **EDUCATIONAL BACKGROUND** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name and Location | Degree or Diploma Obtained | SubjectArea | Dates |
| High School or GED |  |  |  |  |
| Vocational Training |  |  |  |  |
| College or University |  |  |  |  |
|  |  |  |  |  |

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| **EMPLOYMENT EXPERIENCE** |

List all of your current and previous positions (paid and unpaid) in chronological order starting with the most recent. Please complete this section and attach additional sheets as needed even if you submit a resume.

1. **Employed From** To

 Company Name Your Title

 Address Your Department

 City & State Supervisor's Phone #

 Supervisor's Name and Title

 Work Performed

 Reason for Leaving

 Would you like to be notified before we contact your present employer? YES NO

2. **Employed From** To

 Company Name Your Title

 Address Your Department

 City & State Supervisor's Phone #

 Supervisor's Name and Title

 Work Performed

 Reason for Leaving

3. **Employed From** To

 Company Name Your Title

 Address Your Department

 City & State Supervisor's Phone #

 Supervisor's Name and Title

 Work Performed

 Reason for Leaving

4. **Employed From** To

 Company Name Your Title

 Address Your Department

 City & State Supervisor's Phone #

 Supervisor's Name and Title

 Work Performed

 Reason for Leaving

5. **Employed From** To

 Company Name Your Title

 Address Your Department

 City & State Supervisor's Phone #

 Supervisor's Name and Title

 Work Performed

 Reason for Leaving

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| **REFERENCES** |

Give three or more references who can attest to your character, personality and work history. Do not include family members or supervisors listed on the previous page.

|  |  |  |
| --- | --- | --- |
| Name and Position | Address | Telephone Number |
|  |  |  |
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|  |  |  |

Have you worked or attended school under any other name?

Are you Roman Catholic? \_\_\_\_\_\_\_ If so, of which parish are you a member?

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| **OTHER QUESTIONS** |

1. Has anyone ever accused you of physical abuse, sexual abuse, or sexual harassment?

 YES NO

2. Have you ever been charged, arrested, or convicted of a felony or misdemeanor that is not sealed or expunged, regardless of the disposition of any such matter? (Your answer to this question will only be used to the extent it is reasonably related to the position for which you are being considered.)

 YES NO

3. Has any employer ever counseled you, reprimanded you, disciplined you, or terminated your employment or have you ever terminated your own employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving record, your theft, or your mishandling of monies or company property?

 YES NO

If yes, give a short explanation of the allegations in the space below. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time, including employer’s name, address and telephone number. We will conduct an individualized assessment of its relevance to the position for which you are applying.

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| **APPLICANT’S DECLARATION, AUTHORIZATION AND RELEASE** |

My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize the Employer and its agents to verify any information related to my application or resume. I also authorize and direct individuals, schools, employers, and law enforcement or government officials to freely provide any information concerning my background, and hereby release any and all of them from any liability for doing so. If I am employed, I understand that I will be employed on an at-will basis for an indefinite period of time and that my employer may terminate my employment at any time and for any reason.

#### Date Print Name

 *Signature*

# For Diocesan Use Only

First Interview

 *Name of Interviewer Date*

Observations

Second Interview

 *Name of Interviewer Date*

Observations

Employed: YES NO Date of Employment

Job Title Hourly Rate/Salary

Department Supervisor

By Date

 *Name and Title*