

Application for Employment

Name of Organization _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Position applied for _____ Date of application _____

Identifying Information:

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Numbers: (day) _____ (evening) _____

If the position you are applying for requires membership in a Catholic parish or faith community (as indicated in the minimum requirements for the position), please identify your parish/community:

Do you have the legal right to work in the United States? Yes No

Are you at least 18 years old? Yes No

How did you hear of this opening? _____
(list specific newspaper, internet site, etc.)

Education/Skills:

High School _____ Diploma Yes No

Address _____ City _____ State _____ Zip Code _____

Undergraduate College _____

Address _____ City _____ State _____ Zip Code _____

Degree Received _____ Major _____ Minor _____

Graduate College _____

Address _____ City _____ State _____ Zip Code _____

Degree Received _____ Major _____ Minor _____

Other (specify)

We are an equal opportunity employer and fully comply with the Americans with Disabilities Act. Accommodations for persons with disabilities will be provided unless the accommodation would place an undue hardship on the employer. Persons needing accommodation should notify the Parish/School.

Work Experience:

Please list name, address, and phone number of previous employment, military, or volunteer experience with most recent experience first.

Name of Organization _____ From _____ To _____

Status: Volunteer Full Time paid Part Time paid

Current/Ending salary _____

Address _____ City _____ State _____ Zip _____

Telephone Number (____) _____ - _____

Job Title _____

Duties and responsibilities of position

Supervisor _____ May we contact? Yes No

Reason for Leaving _____

Name known by (if different than present name) _____

Name of Organization _____ From _____ To _____

Status: Volunteer Full Time paid Part Time paid

Current/Ending salary _____

Address _____ City _____ State _____ Zip _____

Telephone Number (____) _____ - _____

Job Title _____

Duties and responsibilities of position

Supervisor _____ May we contact? Yes No

Reason for Leaving _____

Name known by (if different than present name) _____

Name of Organization _____ From _____ To _____

Status: Volunteer Full Time paid Part Time paid

Current/Ending salary _____

Address _____ City _____ State _____ Zip _____

Telephone Number (____) _____ - _____

Job Title _____

Duties and responsibilities of position

Supervisor _____ May we contact? Yes No

Reason for Leaving _____

Name known by (if different than present name) _____

Name of Organization _____ From _____ To _____
Status: Volunteer Full Time paid Part Time paid
Current/Ending salary _____
Address _____ City _____ State _____ Zip _____
Telephone Number (____) _____ - _____
Job Title _____

Duties and responsibilities of position _____

Supervisor _____ May we contact? Yes No

Reason for Leaving _____

Name known by (if different than present name) _____

We may contact the employers listed above unless you indicate those you do not want us to contact:

Name of employer(s) _____

Reason: _____

Other:

Describe any specialized training, skills or experience related to the position for which you are applying:

Describe Your Computer Skills: _____

References:

Give name, address and telephone number of three references who are not related to you and are not previous supervisors.

Name:	Phone Number:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

When would you be available to begin work? _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the Application of Employment are true and complete to the best of my knowledge. I have read the entire employment application. I understand that if I am employed false or misleading statements given on my application or during my interview(s) may result in discharge.

I authorize an investigation of statements in this application to allow the employer to make an employment decision.

Date _____ Applicant's Signature _____