

**PARISH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/POSTAL CODE:** \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**DATE:** \_\_\_\_\_

*We consider applicants for all positions without regard to race, color, religion or creed \*, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other status as required by law.  
\* Except where selection based on religious, denomination, or some other factor promotes Roman Catholic religious principles or is a bonafide occupational qualification.*

**PERSONAL**

Name	
Street	
City	Home Phone
State                      Zip	Business Phone

**GENERAL INFORMATION**

<b>Position(s) Applied For:</b>	<b>Date Available:</b>
Available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Relief as needed <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	
List any day/hours you are unable to work:	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about this position? <input type="checkbox"/> newspaper <input type="checkbox"/> posting <input type="checkbox"/> family/friend <input type="checkbox"/> other, explain	
Have you worked for the Diocese before? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, dates:	Program/Position:
Have you ever applied for a position in the Diocese before? <input type="checkbox"/> No <input type="checkbox"/> Yes Date:	
Are any of your relatives employed with us? <input type="checkbox"/> No <input type="checkbox"/> Yes Name/relationship:	
Do you have a NYS driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes Driver's License Number:	
Do you have a car? <input type="checkbox"/> No <input type="checkbox"/> Yes	

**EDUCATION**

Name & Location	# Years	Graduate ?	Degree/Major
High School			
College			
Other (Specify)			
Special Skills or Qualifications (Applicable to employment)			

Have you ever been convicted of a felony crime? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Conviction will not necessarily disqualify an applicant from employment.</i> If yes, please explain _____
Have you ever been convicted of child abuse? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Conviction will not necessarily disqualify an applicant from employment.</i> If yes, please explain _____
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

**U.S. MILITARY HISTORY**

U.S. Military Service <input type="checkbox"/> No <input type="checkbox"/> Yes Branch & Dates:	
Rank at Discharge	Present Reserve Status

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

*Proof of identity and employment eligibility will be required upon employment.*

**FIVE YEAR EMPLOYMENT HISTORY (Start with most recent.)**

<b>From:</b>	<b>To:</b>	<b>Employer:</b>	<b>Phone:</b>
<b>Job Title:</b>		<b>Address:</b>	
<b>Supervisor's Name:</b>		<b>Duties:</b>	
<b>Starting Salary:</b>			
<b>Ending Salary:</b>		<b>Reason for Leaving:</b>	
<i>May we contact Employer at above phone number? [ ] Yes [ ] No</i>			

<b>From:</b>	<b>To:</b>	<b>Employer:</b>	<b>Phone:</b>
<b>Job Title:</b>		<b>Address:</b>	
<b>Supervisor's Name:</b>		<b>Duties:</b>	
<b>Starting Salary:</b>			
<b>Ending Salary:</b>		<b>Reason for Leaving:</b>	
<i>May we contact Employer at above phone number? [ ] Yes [ ] No</i>			

<b>From:</b>	<b>To:</b>	<b>Employer:</b>	<b>Phone:</b>
<b>Job Title:</b>		<b>Address:</b>	
<b>Supervisor's Name:</b>		<b>Duties:</b>	
<b>Starting Salary:</b>			
<b>Ending Salary:</b>		<b>Reason for Leaving:</b>	
<i>May we contact Employer at above phone number? [ ] Yes [ ] No</i>			

<b>Volunteer experience? Explain:</b>
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**REFERENCES:** Give name, address and telephone number of 3 non-relative references.

NAME	ADDRESS	PHONE
1.		
2.		
3.		

**LIST ONLY PERSONS WE MAY CONTACT (Be sure to include phone number)**

**APPLICANTS: Read and Sign below**

**Criminal Record Check: You will need to successfully complete a Criminal Record Check as a condition of employment.**

I authorize investigation of all statements herein. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements, or any misrepresentation on this application shall be grounds for dismissal.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_