



EMPLOYMENT APPLICATION

Please attach additional pages if more space is needed to provide all requested information.

Date of Application _____

Personal Information

Name: _____ Social Security Number: _____
Last First Middle

Are there work or background records that you may have under a different name? Yes: No:

If yes, please write the different name(s) used.

Phone Numbers: Day: _____ Evening: _____ Are you 18 years of age or older? Yes: No:

Driver's License: _____
State Number Expiration Date

Employment Eligibility: *If hired, can you provide proof of citizenship or legal right to work?* Yes: No:

Employment Interest

Position Applying For:		Source of Referral:	
Date Available:	Status Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time	Desired period of work and/or hours/day:	Desired annual salary/ hourly rate: \$
<i>Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) which might interfere with your ability to work full-time, including overtime, in the position you are applying for?</i>			
<i>Why are you interested in employment with this organization?</i>			

Applicant Name: _____
Last
First
Middle

Education and Training

Indicate Last Level Completed:

Elem School Mid Sch/ Jr High High School Trade/ Tech College/ Univ Grad School

Name of High School, Tech School, and College	City/State	Major	Degree	Month/Year of Degree

Additional education, vocation, professional, military or other educational/training background information you feel may be helpful to us in considering your application.

Employment Record

Have you ever been employed by or contracted with the Diocese, or one of its parishes or affiliate organizations? Yes: No:

If so, where? When? What position? Supervisor's Name

Have you ever applied to work for the Diocese, or one of its parishes or affiliate organizations? Yes: No:

If so, where? When? What position?

Employers: List most recent employers first

Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
				Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employer	Last Supervisor's Name		Reason for Leaving	
Street Address, City, State, Zip Code			Phone ()	
Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
				Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employer	Last Supervisor's Name		Reason for Leaving	
Street Address, City, State, Zip Code			Phone ()	