

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency
 Diocese Website Other _____

Name _____
Last _____ First _____ Middle _____

Address _____
Number _____ Street _____ City _____ State _____ Zip _____

Telephone – Home: (_____) _____ Cell: (_____) _____
Area Code _____ Area Code _____

Number to call in case of emergency (_____) _____ Contact Name: _____ Relationship _____
Area Code _____

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status Yes No
(Proof of citizenship required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part Time Temporary

Are you on a lay-off and subject to recall? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

PRIOR ADDRESSES

Please list your previous addresses, retroactively for the past 10 years starting with the last address before your present one.

1. From _____ To _____
Number _____ Street _____ City _____ State _____ Zip _____
2. From _____ To _____
Number _____ Street _____ City _____ State _____ Zip _____
3. From _____ To _____
Number _____ Street _____ City _____ State _____ Zip _____

EDUCATION

Elementary	High School	College/University	Graduate /Professional
School Name: _____	_____	_____	_____
Years Completed	4 5 6 7 8 9 10 11 12 (Please circle number)	1 2 3 4	1 2 3 4
Diploma / Degree	_____	_____	_____
Describe Course of Study	_____		
Describe Specialized Training, Apprenticeship, Skills, Extra-Curricular Activities and Foreign Language Skills	_____		
Honors Received:	_____		

EMPLOYMENT EXPERIENCE

Please provide information for all employment within the past 10 years, starting with the most recent employer. Account for all periods including unemployment and service in the armed forces. You may attach additional pages if necessary.

1. _____ Employer	(_____) _____ Telephone	From _____ To _____ Dates Employed	Work Performed
Address / City	State	Zip	_____
Job Title	_____	Hourly Rate/ Salary	Start _____ Final _____
Supervisor	_____	(_____) _____ Telephone	_____
Reason for Leaving	_____		
2. _____ Employer	(_____) _____ Telephone	From _____ To _____ Dates Employed	Work Performed
Address / City	State	Zip	_____
Job Title	_____	Hourly Rate/ Salary	Start _____ Final _____
Supervisor	_____	(_____) _____ Telephone	_____
Reason for Leaving	_____		

3. _____ (____) _____ From _____ To _____
Employer Telephone Dates Employed Work Performed

Address / City _____ State _____ Zip _____

Job Title _____ Hourly Rate/ Salary Start _____ Final _____

Supervisor _____ (____) _____ Telephone _____

Reason for Leaving _____

4. _____ (____) _____ From _____ To _____
Employer Telephone Dates Employed Work Performed

Address / City _____ State _____ Zip _____

Job Title _____ Hourly Rate/ Salary Start _____ Final _____

Supervisor _____ (____) _____ Telephone _____

Reason for Leaving _____

PERSONAL AND PROFESSIONAL REFERENCES (3 Required)

Name and Occupation	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If you are applying for a position that **requires** a standard driver's license or a commercial driver's license in order to perform the essential duties of the job, please answer the following:

Do you currently have a valid Ohio Driver's License? _____ Yes _____ No
License Number(s) (please specify whether standard or commercial) _____

Have you been convicted of a crime other than a minor traffic offense? _____ Yes _____ No

If yes, please specify: _____
(A conviction will not necessarily bar employment. Factors such as the number of convictions, your age at the time of the crime(s), seriousness of the crime(s), and nature of the crime(s) in relation to the position are taken into consideration).

APPLICANT'S STATEMENT (read carefully before signing)

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any willful omission, or any falsification or misrepresentation of the information provided on this application or in an interview, is sufficient cause for rejection of my application or termination of my employment in the event of employment.

I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that the parish follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, or for any reasons consistent with applicable state or federal law, and that this employment-at-will policy cannot be changed unless the change is specifically authorized in writing.

I authorize all persons, investigation agencies, business organizations, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply the parish and/or its agents any information concerning my background, except my current employer if so noted above. If I am applying for a job that requires a driver's license in order to perform the essential duties of the job, I also authorize the parish to obtain a Driver's Abstract Report from any state in which I have held a standard or commercial driver's license and I agree to provide the parish with information sufficient to allow the parish to obtain these reports. I release the parish and its agents from any and all liabilities and responsibilities, damages, and claims of any kind whatsoever arising from the investigation of my background.

I understand, also, that in the event of employment I am required to abide by all rules and regulations of the parish.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for: _____ Open Yes No

Position(s) Considered for: _____

Arrange Interview: Yes No

Remarks: _____

Employed: Yes No Date of Employment: _____

Job Title: _____ Hourly Rate./Salary: _____ Department _____

By _____
Name and Title _____ Date _____

References Contacted:

NOTES: