



APPLICATION FOR EMPLOYMENT

As an equal opportunity employer, prospective candidates for employment will receive consideration without regard to race, color, creed, religion, ancestry, age, sex, marital status, national origin, physical or mental disability or handicap, or veteran status. We reserve the right, however, to determine whether and under what circumstances priority should be given to Catholics for certain employment positions. In addition, for Catholic employees, conformance with religious tenets of the Catholic faith is a condition of employment, and all employees are prohibited from performing, teaching, or advocating in the workplace any practices or doctrines which are inconsistent with religious tenets of the Catholic faith.

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Applied for _____ Salary Desired _____

Full time _____ Part time _____ Date available _____ E-Mail Addr: _____

Phone Number _____ Alternate Phone Number _____

How did you hear about us? (check one) friend/family, newspaper, agency, Internet, employee, other
(Please indicate specific name of source) _____ Are you over 18 years old? Yes _____ No _____

Are you legally eligible for employment in the United States? Yes _____ No _____
If offered employment, you will be required to provide documentation to verify eligibility.

Are you currently employed full- or part-time at another site in the Diocese (school, parish, Chancery)? Yes _____ No _____

Are you currently under a non-compete and/or a non-disclosure agreement with a prior employer? Yes _____ No _____

EDUCATION: Please indicate your education, as well as any training that you believe is applicable to the position for which you are seeking.

High School: No. of Years Completed (*check one*) 1 2 3 4 **Diploma:** Yes _____ No _____ **G.E.D.:** Yes _____ No _____

School _____ City _____ State _____

College and/or Vocational School: No. of Years Completed (*check one*) 1 2 3 4

School(s) _____ City _____ State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City _____ State _____

Course _____ Degree and/or Certificate Earned _____

PROFESSIONAL: Please indicate license and association information that you believe is applicable to the position for which you are seeking.

State of Virginia License Number _____ By Exam _____ By Endorsement _____

Other State License Number _____ State of Virginia License Applied for _____

License Expiration Date _____ Professional Associations* _____

*You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.

SKILLS:

Office

Windows _____ Word _____ Excel _____ Access _____ Outlook _____ PowerPoint _____

Other Software _____

Technical

RECORD OF CONVICTION:

Have you ever been convicted of a crime other than minor traffic offense (*including while in Military Service*)? Yes _____ No _____

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for consideration of employment. Rather such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

This application for employment is valid for 30 days only. Consideration for employment after 30 days may require a new application.

EMPLOYMENT:

List last employer first and include U.S. Military Service for the last 10 years. May we contact your present employer? Yes _____ No _____

If any employment was under a different name, indicate name: _____

Employer _____ Address _____

Telephone _____ Position _____ Dates of Employment: From _____ To _____
Month/Year Month/Year

Supervisor _____ Department _____

Duties _____

Full-Time Position (No. of Hours) _____ Part-Time Position (No. of Hours) _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____ Dates of Employment: From _____ To _____
Month/Year Month/Year

Supervisor _____ Department _____

Duties _____

Full-Time Position (No. of Hours) _____ Part-Time Position (No. of Hours) _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____ Dates of Employment: From _____ To _____
Month/Year Month/Year

Supervisor _____ Department _____

Duties _____

Full-Time Position (No. of Hours) _____ Part-Time Position (No. of Hours) _____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history:

Have you ever been discharged or asked to resign from a job? Yes _____ No _____

If yes, explain: _____

PROFESSIONAL REFERENCES

PERSONAL REFERENCES

Name _____

Name _____

Position _____

Relationship to Applicant _____

Company _____

Address _____

Address _____

Phone _____

Phone _____

Home, work or cell?

Home, work or cell?

E-Mail _____

E-Mail _____

Name _____

Name _____

Position _____

Relationship to Applicant _____

Company _____

Address _____

Address _____

Phone _____

Phone _____

Home, work or cell?

Home, work or cell?

E-Mail _____

E-Mail _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the information that I have supplied in the application process is true and complete to the best of my knowledge and understand that falsified statements of any kind, misrepresentations, and/or omissions of fact may result in the rejection of my consideration for employment or may be considered sufficient basis for disciplinary action, up to and including dismissal, from subsequent employment. I, therefore, authorize the Company to investigate all statements supplied in the application process and to discuss the results of such with those responsible for hiring. I further authorize the Company to contact my former employers, listed references, or other persons who can verify information, and give my consent for former employers and the contacted persons to respond to questions pertaining to my application for employment. I release from liability such former employers or other persons contacted and providing information to the Company. In addition, I hereby release the Company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the Company. However, I further understand that neither the policies, rules, regulations of employment, or anything said during the application and interview process shall be deemed to constitute the terms of employment contract (actual or implied). I understand that any employment offered is for an indefinite duration and is at will. I further understand that, in the absence of a written contract to the contrary, either I or the Company may terminate my employment at any time with or without cause.

Signature of Applicant _____

Date _____