

APPLICATION FOR EMPLOYMENT

Parish Name: _____
 Address: _____

 Phone: _____

In order that your application may be properly evaluated, it is essential that **all** of the following questions be answered carefully and completely. Please attach a **resume** to supplement this application.

PLEASE PRINT

Name _____

Last
First
Middle Initial
Mr./Ms./Other
Date

Address _____

Street
City
State
Zip Code

Social Security Number (last 4 digits) XXX-XX-_____ Telephone Number _____

You may be asked to provide complete Social Security # at interview

Position Desired _____

Mark one: FULL TIME PART TIME EITHER

When can you start? _____ How did you learn about this position? _____

Previously employed by any Parish/Diocese? NO or YES _____ If yes, when? _____

If yes, where? _____

E-mail address: _____

EDUCATIONAL BACKGROUND

Type of School	Name and Location	Years Completed	Major	GPA	Degree(s) Obtained
High or Preparatory					
College					
Graduate School					
Other					

List any additional special skills, technical or professional knowledge which you may have:

EMPLOYMENT EXPERIENCE: List all of your current and previous positions (paid and unpaid) in chronological order starting with most recent. *Complete this section and attach additional sheets as needed even if you submit a resume.*

1. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

2. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

3. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

4. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

5. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

6. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

7. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

8. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

Of the jobs you have held, which did you like the most, and why? _____

Of the jobs you have held, which did you like least, and why? _____

May we contact your present employer? YES or NO _____

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment by you? YES or NO _____

If yes, give a short explanation of the complaint. Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.

Have you ever been convicted of any felony or misdemeanor? YES or NO _____

If yes, give a short explanation of the incident. Please indicate the date, nature, and place of the incident, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

Has any employer ever disciplined you or terminated your employment or have you ever terminated your own employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving, or your theft? YES or NO _____

If yes, give a short explanation of the allegations. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

Have you worked or attended school under any other names? Yes ___ No ___

If yes, give name(s): _____

Give 3 references, who are not relatives:

Name	Phone Number

List any relevant volunteer work:

In order for your application to be considered, you must sign the Applicant's Declaration, Authorization and Release.

APPLICANT'S DECLARATION, AUTHORIZATION, AND RELEASE

My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize the Diocese of Colorado Springs and its agents to verify any information related to my application or resume. I also authorize all individuals, schools, employers, and law enforcement officials to freely release any information concerning my background, and I hereby release any and all of them from any liability for doing so.

Print Name

Signature

Date