

EMPLOYMENT APPLICATION

EMPLOYER

(hereinafter referred to as "Employer")

Parish/School/Agency Name

Employer offers equal employment opportunities to all persons without regard to race, color, age, sex, national origin, disability, citizenship or any other category protected by federal law, state and local law. (However, in certain instances, a bonafide occupational qualification may require that only persons of the Catholic faith or a specific gender be considered for a particular position.)

PERSONAL INFORMATION

(Please Print - All Sections Must Be Completed)

A. NAME _____
Last First Middle

Have you ever used any other names in the past? [] Yes [] No

If yes, please list all other names that you have used and the dates during which you used these names which the Employer would need to know in order to check your previous employment, education or licensure.

- 1. _____
- 2. _____
- 3. _____

B. CURRENT ADDRESS

Street City State Zip Code

If you have lived at the above address for less than 12 months, list previous address:

Street City State Zip Code

C. HOME TELEPHONE #1 () _____ BUSINESS # _____
HOME TELEPHONE #2 () _____
CELL PHONE () _____
PAGER () _____
E-MAIL ADDRESS () _____
OTHER CONTACT INFO _____

D. SOCIAL SECURITY NUMBER ____ / ____ / ____

E. POSITION(S) SOUGHT 1. _____
2. _____ 3. _____

F. Type of employment desired [] Full-Time [] Part-Time [] Temporary

G. Are you under the age of 16? [] Yes [] No
(If you are hired and you are under the age of 16, you will be required to furnish the necessary work permits before being allowed to work.)

H. Have you filed an application here before? [] Yes [] No
If yes, give date(s) _____

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P. Have you at any time been accused of child abuse? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.) [] Yes [] No

If yes, please complete the following questions:

Provide in detail the date, the place, and an account of the circumstances surrounding each allegation of child abuse.

1. _____
2. _____
3. _____
4. _____

Did any administrative or judicial proceedings arise out of the allegations of child abuse? [] Yes [] No

If yes, please identify the agency or court in which the proceeding was brought and its location, the parties to that proceeding, the docket number of the proceeding, and any judgment or resolution that was entered or reached.

1. _____
2. _____
3. _____
4. _____

Are you under the supervision of any federal, state or local agency as result of any allegations of child abuse? [] Yes [] No

A "yes" response to any of the three preceding questions will not necessarily disqualify you from consideration for employment. The nature and circumstances of the matters reported as well as their disposition are all important in the employment consideration.

Q. Please answer the following question only if you are applying for a specific job and have read the job description for that job.

Can you perform the essential functions involved in the job or occupation for which you are applying with or without a reasonable accommodation? []Yes []No

PERSONAL REFERENCES

R. Give the name, address, and telephone number of three persons who are not related to you and are not previous employers.

1. _____
 2. _____
 3. _____
-

S. Please list any relatives currently working for the Archdiocese of St. Louis.

1. _____
2. _____
3. _____

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments.

1. Employer	Positions held, primary duties, and effective dates
Address	
Job Title	
Supervisor	
Telephone	Dates Employed
Reason for Leaving	From _____ To _____ Starting Pay: Ending Pay:

2. Employer	Positions held, primary duties, and effective dates.
Address	
Job Title	
Supervisor	
Telephone	Dates Employed
Reason for Leaving	From _____ To _____ Starting Pay: Ending Pay:

3. Employer	Positions held, primary duties, and effective dates.
Address	
Job Title	
Supervisor	
Telephone	Dates Employed
Reason for Leaving	From _____ To _____ Starting Pay: Ending Pay:

4. Employer	Positions held, primary duties, and effective dates.
Address	
Job Title	
Supervisor	
Telephone	Dates Employed
Reason for Leaving	From _____ To _____ Starting Pay: Ending Pay:

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Have you ever been discharged or requested to resign from any position? ____Yes ____No. If "Yes", explain.

EDUCATION

(Use additional piece of paper if necessary to complete this information.
All schools attended **must** be listed.)

Elementary

School Name	
Address	
Phone Number	
Years Completed	4 5 6 7 8

High School

School Name	
Address	
Phone Number	
Years Completed	9 10 11 12
Diploma/Degree	
Course of Study	

College / University

School Name	
Address	
Phone Number	
Years Completed	13 14 15 16
Graduation Date	
Diploma/Degree	
Course of Study	

Graduate / Professional

School Name	
Address	
Phone Number	
Years Completed	17 18 19 20
Graduation Date	
Diploma/Degree	
Course of Study	

Describe specialized training, apprenticeship, skills, and extra-curricular activities. If you successfully completed other special education or training for certification or licensing, please provide a copy of the certificate or license showing the name and location of the institution.

1. _____
2. _____
3. _____

(You may exclude any organizations which you believe by their name or character may reveal your race, national origin, age, citizenship, or any other category protected by law.)

Summarize special skills and qualifications acquired from employment or other experience.

1. _____
2. _____
3. _____

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I grant permission to the Employer to investigate thoroughly my complete personal, educational and work histories and verify all information given by me in connection with my seeking employment with the Employer. I also grant permission to the Employer to contact, in connection with my application and periodically thereafter if I am employed, the Missouri Division of Family Services and any other governmental agencies, organizations, corporations, entities, or individuals that the Employer deems necessary in order to verify the continued accuracy of any information given in connection with this application. And I further agree to complete, in connection with my application and periodically thereafter if I am employed, any and all forms required by the Employer (including, but not limited to an application for child abuse/neglect screening form to be submitted to the Missouri Department of Social Services). In addition, I release the Employer and all of its agents, as well as any individual or organization and all of their agents who supply written or oral information regarding myself to the Employer, from any and all liabilities resulting from such investigation or verification. I understand and agree that I may be denied employment or, if I am already employed, that my employment may be terminated based on information obtained during that investigation or verification. Upon termination of my employment with the Employer, regardless of when, how or why my employment is terminated, and whether such termination is effected by me or by the Employer, I authorize the release of reference information on all aspects of my employment history with the Employer and release the Employer and all of its agents from any and all liability resulting from disclosure of information on my employment history.

In addition, I understand and agree that this application will be considered valid for a period of forty-five (45) days. I recognize that, if I wish to be considered after forty-five (45) days, I must complete a new application for employment.

I understand and agree that, if I am offered employment by the Employer, my employment will be based upon mutual agreement and that either the Employer or I may terminate the employment relationship at any time and for any reason. I further understand that no supervisor, agent or representative of the Employer has any authority to enter into any oral or written employment agreement with me for any period of time or to make any oral or written agreement contrary to the foregoing.

Finally, I certify that I have given true and accurate information and that I have read and agreed to the conditions of employment stated in this application and authorize the release as set forth above. If any information contained in this application is found, in the opinion of the Employer, to be false in any respect, my application for employment may be rejected. Similarly, if I am already employed, I will be subject to discharge without notice at any time.

Date _____ Applicant's signature _____