PERSONAL INFORMATION

Name (Last, First) _____ Date _____

Present
Address _____ Telephone _____
       Street   City   State Zip

Permanent
Address _____ S.S. # _____
       Street   City   State Zip

Referred by: _____

If related to anyone in our employ, please state name of person and department: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Expected: _____

Are you presently employed? _____ Name of Employer: _____

Position: _____ May we inquire of your present employer? _____

Have you applied to the Diocese before? _____ When? _____ Where? _____

Religious Affiliation: _____ Church/Parish: _____

EDUCATION

	NAME & LOCATION OF SCHOOL	YEARS COMPLETED OR GRADUATION DATE	MAJOR
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			

Subjects of Special Study or Research Work: _____

_____

Community Involvement/Activities: _____

_____

FORMER EMPLOYERS (List below four employers, beginning with present or most recent)

Dates	Name & Address of Employer	Phone #	Salary	Position	Reason for Leaving
From: To:					
From: To:					
From: To:					
From: To:					

BUSINESS OR PROFESSIONAL REFERENCES (Give the names of three persons not related to you, whom you have known for at least one year.)

Name	Address	Relationship	Phone	Yrs. Kn.

I hereby certify that all statements in this application are true and correct to the best of my knowledge. I understand that falsification of information shall be grounds for not hiring me, and for termination of employment if discovered after my hire date. I give permission to verify education credentials/degrees and to contact references/previous employers to obtain work performance information. I hereby release such persons from liability for discussing or providing this information.

I understand as part of the application process, background employment information about me will be collected, including but not limited to contacting prior employers, references, educational institutions and others with information relevant to my employment application. I consent to the collection of any such information necessary in reviewing my application for employment. I also acknowledge that a criminal background check may be conducted on me, at the time permitted by law, and I give permission for this background check to be conducted at the time permitted by law.

Signature: _____Date: _____