

***Application for Employment
Parish Staff***

(Parish secretary, bookkeeper, accountant, business manager, receptionist, cook, maintenance, or other parish position)

Thank you for your interest in employment with us. With respect to religion and sexual orientation, as permitted by law, we reserve the right to exercise discretion in employment decisions to employ persons who share and are committed to the values and mission of the Catholic Church. The information gathered in this application will assist us in determining your qualifications to fill positions we may have open and assist us in providing a safe and secure work environment. Please read the statements below, date and sign.

I understand and agree that:

1. I certify that all information furnished by me in this application is complete, true and correct to the best of my knowledge. I understand that falsification of information including omission of any information sought may lead to refusal to hire me, withdrawal of an employment offer, or termination of my employment.

2. If I am hired, I agree that I am employed at will and my employment can be terminated at any time for any reason by either the employer or me without liability for wages or salary except such as vacation pay that may have been earned at the date of such termination.

3. If I am called to interview with this employer or become employed as a result of the interview process, I hereby authorize the employer conduct a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews and obtain additional information relating to my background. I authorize all schools, companies, corporations, law enforcement agencies to supply information concerning my background including but not limited to criminal records, motor vehicle records, education and employment verification, (past and present), reference checks and military service verification. I specifically waive written notice of such disclosures from my former employers. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

4. If hired I agree to observe all of the guidelines and policies for the employer where I am applying.

5. I understand that the parish, school, agency or institution located in the Diocese of Springfield in Illinois to which I am applying has a zero tolerance for abuse and takes all allegations of physical or sexual abuse seriously. I further understand that the employer cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.

6. If hired, I understand that although effort is made to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I also understand that if I am hired, said employment is not for any definite period of time. If I am offered employment, the terms and conditions of my employment will be explained but that said conditions and terms are subject to change, do not create an employment contract, and do not alter the at-will arrangement.

7. I understand that this application is good only for ninety, (90), days from today's date and that expired applications will not be considered. If I desire to be considered for a position after 90 days, I understand it is my responsibility to complete a new application. I also understand that I may withdraw my application at any time.

I have read and understood the above statement.

Signature _____ **Date:** ____/____/____

Applicant Name

Application for Employment

IMPORTANT: Please Take Extra Care To Make Your Entries Very Clear and Easy to Read.

Name(Please Print):				
Last	First	MI		
Email (Home):			Today's Date:	
			MO ___ Day ___ Year _____	
Current Address		City	State	Zip Code
County				
How Long have you lived there?				
Last Address		City	State	Zip Code
County				
Why did you move?				
Home Phone: ()		Work Phone: ()		Cell Phone: ()
Do you have access to transportation which will enable you to get to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____				
ANSWER THE FOLLOWING ONLY IF BOX IS CHECKED <input type="checkbox"/>				
What religion do you practice? _____				
Are you a member of a parish? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes list the name of the parish: _____				
How long have you been a member: _____ (months/years)				
Please indicate what type of job you are applying for:				
What is the name of the parish, School, agency or institution you are applying with:				
What interests you about the position:				
What has prepared you for the position:				

Date Available for Employment: ___/___/___ **Salary Requirement \$** _____ **Per** _____ **Hr Wk Mo Yr**

- Please check if applicable:**
- If you are a member of the clergy seeking service in the diocese
 - If you are a deacon aspirant
 - If you are a seminarian

Application for Employment Continued

Do you have any commitment to another employer that might affect your employment with the parish, school, agency or institution in the Diocese of Springfield in Illinois? Yes No

Are you currently eligible to work in the United States? Yes No Are you under 18 years old? Yes No

If you are under 16 years old can you furnish a work permit? Yes No

Are you presently employed? Yes No

In the last ten years, how many times have you been fired or asked to resign?

Over 10 times 6-10 times 4-5 times 2-3 times Once Never

Have you ever been discharged from a position for making threats, fighting, or any incidents involving violence? Yes No

Describe all job situations in which you were fired or asked to resign:

List all employment in the last 10 years regardless of length of employment, *starting with the most recent or current.* Explain any gaps in employment in the section provided. If more space is needed please provide a separate sheet of paper.

Started ____/____/____	Company Name	City & State	Immediate Supervisor Name
Ended ____/____/____	Position Held	Reason for Leaving	
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. : ()	
Started ____/____/____	Company Name	City & State	Immediate Supervisor Name
Ended ____/____/____	Position Held	Reason for Leaving	
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. : ()	
Started ____/____/____	Company Name	City & State	Immediate Supervisor Name
Ended ____/____/____	Position Held	Reason for Leaving	
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. : ()	
Started ____/____/____	Company Name	City & State	Immediate Supervisor Name
Ended ____/____/____	Position Held	Reason for Leaving	
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. : ()	

Which of your past jobs did your like the best? _____

Why? _____

Which of your past jobs did you like the least? _____

Why? _____

Application for Employment Continued

Account for all periods of unemployment of one month duration or more since you left school until the present time

From	To	State What You Were Doing
MO./YR. /	MO./YR. /	
MO./YR. /	MO./YR. /	
MO./YR. /	MO./YR. /	

Have you had any disciplinary action taken against you at any job? Yes No

If yes, where, what and why? _____

Education

	Name & Location	Years Completed	Major Course	Degree	Grade Point Average	Grade Point Scale
High School						
College						
College						
Post Grad						
Business or Trade						
License or Certification	Name of License or Certification:	Date of Expiration:				
		/ /				

Skills or Qualifications (computers, software i.e.; Microsoft windows, excel, access, calculators, copiers, shredders, voice mail, e-mail, etc.)

Referral Source: Advertisements Employee Relative Government Employment Agency Walk-in
 Private Employment Agency Other _____

References

Type of Reference	Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	Has this person agreed to provide a reference?
Professional/Civic					<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional/Civic					<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal					<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal					<input type="checkbox"/> Yes <input type="checkbox"/> No
Family member					<input type="checkbox"/> Yes <input type="checkbox"/> No