

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	r & Street	City	<u>Ctarta</u>	The Colo
		, i i i i i i i i i i i i i i i i i i i	State	Zip Code
Position Applied for			Salary Desired	
Full time	Part time	Date available	E-	–Mail Addr:
Phone Number		Alternate Phon	e Number	
How did you hear about us' (Please indicate specific name of source)	? (circle one) friend/	/family, newspaper, agency, Internet, emp	loyee, other Are you over 18 years old?	Yes No
		ited States? Yes		
Are you currently employed	d full- or part-time at a	nother site in the Diocese (school, par	rish, Chancery)? Yes	No
Are you currently under a n	on-compete and/or a n	on-disclosure agreement with a prior	employer? Yes	No
EDUCATION: Please	indicate your education	n, as well as any training that you beli	ieve is applicable to the position	on for which you are seeking.
High School: No. of Ye	ears Completed (circle	one) 1 2 3 4 Diploma:	Yes <u>No</u> G	.E.D.: Yes No
School		City		State
College and/or Vocational		Vears Completed (circle one) 1 2		
0		-		State
· · · · · ·				
		Degrees Earne		
Other Training or Degree	s:			
School(s)		City		State
Course		Degree and/or Cert	ificate Earned	
PROFESSIONAL: Please	indicate license and a	ssociation information that you believ	ve is applicable to the position	for which you are seeking.
State of Virginia License N				
	umber	By Exam	By Endor	sement
Other State License Numbe				sement
Other State License Numbe License Expiration Date			License Applied for	sement

*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	Typing	w.p.m.	Shorthand	w.p.m.	Dictaphone		
Windows	Word	Excel	Access	WordPerfect	Lotus 123	dBASE	
Other Softwar	e						
Technical							
RECORD OF CO	NVICTION:						
Have you ever been	convicted of a crime	other than min	or traffic offense ((including while in M	ilitary Service)?	Yes	No
				eration of employmer		rs as age and date o	f conviction,
	ure of the crime, and					0	,
This application	n for employment is	valid for 30 da	ys only. Conside	eration for employm	ent after 30 days m	ay require a new a	pplication.
EMPLOYMENT:							
List last employer f	irst and include U.S.	Military Service	e. May we contac	t your present employ	ver? Yes	No	
If any employment	was under a different	name, indicate	name:				
Employer							
				Dates of Er			
Salary	Superviso	or		Departmen	t	Month/Year	Month/Year
Full-Time Position	(No. of Hours)		Pa	art-Time Position (No	o. of Hours)		
Reason for Leaving							
Telephone		Position		Dates of Er	nployment: From	Month/Year	Month/Year
Salary	Superviso	or		Departmen	t		
Duties							
Full-Time Position	(No. of Hours)		Pa	art-Time Position (No	o. of Hours)		
Reason for Leaving							

Employer	Address						
Telephone	Position	Dates of Employ	ment:	From		То	
Salary	Supervisor	Department			Month/Year		Month/Year
Duties							
Full-Time Position (No. of Hours)	Part-Time Position (No. of H	ours)				
Reason for Leaving							
If you wish to describe a	additional work experience, attach the above informati	on for each position on a separate pi	iece of p	aper.			
Explain any gaps in v	work history:						
Have you ever been d	lischarged or asked to resign from a job?	Yes		No			
If yes, explain:							
PROFESSIONAL R	REFERENCES	PERSONAL REFERENCE	S				
Name		Name					
Position		Relationship to Applicant					
Company		-					
Address		Address					
Phone	Home, work or cell?	Phone			Н	ome,	work or cell?
E-Mail		E-Mail					
Name		Name					
Position		Relationship to Applicant					
Company		_					
Address		Address					
Phone	Home, work or cell?	Phone			TT	oma	work or cell?
	nome, work of cell?				п	one,	work of 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.