

The Diocese of Kansas City – St. Joseph Application for Employment

Name _____ Date _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Telephone (_____) _____ Social Security No. _____

If under 18, can you provide an employment/age certification or State ID Yes No NA

Date available for work _____

Are you eligible for employment in the US Yes No

Position applied for _____

Salary desired _____

How many hours can you work weekly _____

Can you work nights Yes No

Have you worked for us before Yes No If yes, date _____

Are you currently employed Yes No

If yes, May we contact your current employer Yes No

Days/Hours you can work

No Preference _____

Mon _____

Tue _____

Wed _____

Thur _____

Fri _____

Sat _____

Sun _____

How did you learn about our Company _____

Employment desired Full-Time Part-Time Full-or Part-Time Temporary

BACKGROUND INFORMATION

Have you ever been convicted, pled guilty or pled “no contest” to a felony, misdemeanor or traffic violation (except parking tickets) Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Do you currently have any pending charges? Yes No

If yes, please explain _____

Are you now or have you ever been on probation or parole Yes No If yes, please provide court documents and explain.

* Criminal history does not necessarily disqualify applicant from employment.

EDUCATION For each level of schooling listed below, please give the school name, city, state where located, the year(s) you attended, your major and minor subjects and degree(s) or certifications received. Please list any aliases or maiden names under which you attended any of the listed educational facilities, or obtained certifications or degrees.

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete address)	NUMBER OF YEAR(S) ATTENDED	MAJOR, DEGREE or CERTIFICATION OBTAINED
High School				
College				
Bus. or Trade School				
Professional School				

MILITARY SERVICE – (Optional)

Have you been in the Military Yes No Are you now in the National Guard Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Were you honorably discharged Yes No If no, please explain

Please attach a copy of your DD-214

BUSINESS RELATED REFERENCES

Name	Title	Relationship	Phone	Yrs Known
------	-------	--------------	-------	-----------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Work Experience

Please list all employers for the past ten years beginning with the most recent job held. If you were self-employed, give name of firm. Please explain any periods of unemployment.

Attach additional sheets if needed.

Employer _____ Job Title _____
Dates Employed _____ / _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____ Supv. Title _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____
Employer _____ Job Title _____
Dates Employed _____ / _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____ Supv. Title _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____
Employer _____ Job Title _____
Dates Employed _____ / _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____ Supv. Title _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____
Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Please include licenses, skills, training and awards received.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a Consumer Reporting Agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company may be subject to a probationary period. I understand that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.