

APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security #
If yes: Month and Year _____			
Location _____			
Position Desired			Pay Expected
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.)			

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE ?	DEGREE OR DIPLOMA
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/ Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Equal opportunity employment is offered to all persons who share a common interest in carrying out the mission and teachings of Christ as expressed by the Roman Catholic Church in the Diocese of Shreveport.

EMPLOYMENT

Please start with your present or most recent employer.

Company Name	Telephone ()
Address	Employed - (State month and year) From: To:
Name of Supervisor	Pay: Circle One - Hourly or Annually Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed - (State month and year) From: To:
Name of Supervisor	Pay: Circle One - Hourly or Annually Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed - (State month and year) From: To:
Name of Supervisor	Pay: Circle One - Hourly or Annually Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed - (State month and year) From: To:
Name of Supervisor	Pay: Circle One - Hourly or Annually Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed - (State month and year) From: To:
Name of Supervisor	Pay: Circle One - Hourly or Annually Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed - (State month and year) From: To:
Name of Supervisor	Pay: Circle One - Hourly or Annually Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

Use additional sheets for more employers if necessary

MEMBERSHIP IN PROFESSIONAL AND/OR CIVIC ORGANIZATIONS (OPTIONAL)

VOLUNTEER WORK (OPTIONAL)

ORGANIZATION:	DATE:

MILITARY

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," what Branch?
Describe any training received relevant to the position for which you are applying.	

Have you:

(1) ever been accused of, criminally charged, or civilly sued concerning child abuse or neglect, the actual or attempted sexual molestation of a child, sexual harassment, sexual assault, or sexual misconduct? YES _____ NO _____

(2) been convicted of, or plead guilty or no contest to a crime? YES _____ NO _____

If yes to either, please explain:

A conviction may not automatically exclude you from employment

PRE-EMPLOYMENT STATEMENT

I give my permission to this prospective employer to seek and obtain job-related information concerning my previous employment from previous employers and any references listed or attached. I give my permission to my previous employers, and any references listed or attached, to provide job-related information concerning my employment at their company, except as noted. I release all concerned from any liability in connection therewith.

My signature below indicates that I have read, understood, and agreed to the preceding statement and that I have made true, correct, and complete answers and statements on this application and any supplements to it. I understand that a criminal background check will be conducted. I understand that my answers and statements will be relied upon by my prospective employer in considering my application for employment, and I understand that any omission or false answer or statement made by me on this application, or any supplements to it, will be sufficient ground for the withdrawal of an employment offer or discharge from employment at any time.

Applicant's signature _____ **Date** _____

REFERENCES

Please list any references you feel would be able to give information pertinent to this position. Include professional as well as personal references. Do NOT use relatives.

Name _____ Relationship _____

Address _____

Telephone() _____ Years known _____

Name _____ Relationship _____

Address _____

Telephone() _____ Years known _____

Name _____ Relationship _____

Address _____

Telephone() _____ Years known _____