

**APPLICATION FOR EMPLOYMENT**

(Rev. 7/2011)

This application must be filled out completely (please **PRINT**), and signed and dated by the applicant. The Catholic Diocese of Beaumont is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, age, or disability. If a position requires the candidate to be a practicing member of the Catholic Church, a notice will be placed on the job posting announcement.

Date: \_\_\_\_\_

**JOB INTEREST:**

Parish/School/Diocesan Office to which you are applying: \_\_\_\_\_  
 \_\_\_\_\_, City: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_

Date Available: \_\_\_\_\_ Referred by: \_\_\_\_\_

Were you ever employed by a Catholic entity within the Diocese? \_\_\_yes \_\_\_no

If yes, where and when? \_\_\_\_\_

List names of relatives currently employed by the entity to which you are applying. \_\_\_\_\_

**PERSONAL:**

NAME: \_\_\_\_\_ (Maiden: \_\_\_\_\_)

Mailing Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver Lic. #: \_\_\_\_\_ St. \_\_\_\_\_

Do you need any reasonable accommodation in order to perform the essential functions of the position for which you are applying? \_\_\_yes \_\_\_no If yes, please describe. \_\_\_\_\_

**EDUCATION:**

Type	Name/City/State	Dates Attended	Graduated?	Type of Degree
High School		////////////////////		////////////////////
College/University				
College/University				
Vocational/Tech.				
Other				

Describe any certification or special training-experience-skills: \_\_\_\_\_

*\* Attach a copy of documentation verifying the above degrees, certification, or special training obtained, including attendance at a "Protecting God's Children" or other safe environment training session.*

Military Service? \_\_\_ If yes, service dates/branch: \_\_\_\_\_ (Attach discharge document.)

Foreign Language: \_\_\_\_\_ Fluent in: \_\_\_speaking? \_\_\_writing?

Computer Skills: \_\_\_\_\_ Use Microsoft Office Products? \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Please begin with your PRESENT position and work back. Include experience in the U.S. Military and self-employment. Attach additional pages if more space is needed. **Account for all periods of unemployment longer than 30 days.** Clearly describe work duties personally performed, even if a resumé has been submitted.

**PRESENT Employer:** \_\_\_\_\_ May we contact? \_\_\_yes \_\_\_no

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary-Start \$ \_\_\_\_\_ Salary-End \$ \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervised Others? \_\_\_yes \_\_\_no

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving (or wanting to leave) this employer: \_\_\_\_\_

\_\_\_\_\_

\* \* \* \* \*

**Employer:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary-Start \$ \_\_\_\_\_ Salary-End \$ \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervised Others? \_\_\_yes \_\_\_no

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving this employer: \_\_\_\_\_

\_\_\_\_\_

\* \* \* \* \*

**Employer:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary-Start \$ \_\_\_\_\_ Salary-End \$ \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervised Others? \_\_\_yes \_\_\_no

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving this employer: \_\_\_\_\_

\_\_\_\_\_

\* \* \* \* \*

**Employer:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary-Start \$ \_\_\_\_\_ Salary-End \$ \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervised Others? \_\_\_yes \_\_\_no

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving this employer: \_\_\_\_\_

**PERSONAL REFERENCES:** (Not family members or work supervisors)

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**BACKGROUND:**

Have you ever been disciplined or discharged by an employer for theft, sexual harassment, disruptive behavior, using or possessing a weapon on company premises, and/or using or possessing drugs, alcohol, or illegal substances? \_\_\_yes \_\_\_no (If yes, explain in detail on a separate sheet of paper.)

Have you ever been convicted of or pled guilty/no contest to any crime that resulted in imprisonment, court ordered probation, or deferred adjudication? \_\_\_yes \_\_\_no (If yes, explain in detail on p. 4, #4.)

Have you ever been the subject of a complaint involving allegations of child abuse, abuse of the elderly, or any inappropriate sexual conduct? \_\_\_yes \_\_\_no (If yes, explain in detail on a separate sheet of paper.)

**PRE-EMPLOYMENT UNDERSTANDING:**

*Please read carefully every statement below and initial each one to indicate your acceptance of the terms.*

1. I certify that **all** information provided by me in connection with this application for employment, whether specifically listed on this document or provided by other means, is true and complete, and I understand that any misstatement, falsification, omission, or concealment of any information may be grounds for refusal to hire or, if already hired, immediate termination of employment. Initials: \_\_\_\_\_
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States. Initials: \_\_\_\_\_
3. I hereby authorize you to make any investigation of my personal and employment history, as well as my financial, credit, and driving records, through any investigative or credit agencies or bureaus of your choice. Initials: \_\_\_\_\_
4. I authorize any of the persons or organizations referenced in this application to provide any and all information concerning my previous employment, education, or any other information they might have, whether personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information or from any use of this information. I agree that they shall not be held liable if I am not subsequently offered the position for which I am applying. Initials: \_\_\_\_\_
5. I understand that, if employed, I will be a provisional employee for a specified length of time and that my continued employment will be contingent upon meeting acceptable job performance standards and abiding by the policies and regulations of the Catholic entity for which I am hired. Initials: \_\_\_\_\_
6. I understand and accept the condition of employment that requires my professional and personal lifestyle to conform to the ethical and moral teachings of the Roman Catholic Church. Initials: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(NEXT PAGE)**

