

Application Employment Catholic School Non-Certified Staff

(Maintenance, kitchen, secretarial/clerical, bookkeeping, accounting, school nurse or other support positions)

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. 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.

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

4. I understand that the school has a zero tolerance for abuse and takes all allegations of physical or sexual abuse seriously. I further understand that the school 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.

5. I understand that if I am hired, I will be required to sign an employment contract and that contract will set forth the terms and conditions of my employment.

6. I understand that this is an application for employment and that no offer of employment is being made at this time. If I am offered and accept employment, the duration, terms and conditions will be set forth in a written contract. I understand this application is good only for ninety, (90), days from today's date. If I still desire a position after this application expires, it will be my responsibility to fill out a new application. Otherwise I will not be considered for employment after this application expires.

7. I understand I can withdraw from the application process at any time.

I have read and understood the above statement.

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

Application for Employment – Non-Certified School Staff

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

| | | | | |
|---|---------------|--|--|--|
| Name(Please Print): | | | | |
| Last | First | MI | | |
| Driver's License #: | State: | Social Security Number: | | |
| | | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Email (Home): | | | Today's Date: | |
| | | | Mo | Day |
| | | | Year | |
| Current Address | | | | |
| | | City | State | Zip Code |
| | | County | | |
| How Long have you lived there? _____ | | How Long have you lived there? _____ | | |
| Last Address | | | | |
| | | City | State | Zip Code |
| | | County | | |
| Home Phone: () | | Work Phone: () | | Cell Phone: () |

Do you have access to transportation which will enable you to get to and from work? Yes No

Have you applied here before? Yes No If yes, what year? _____

ANSWER THE FOLLOWING ONLY IF BOX IS CHECKED

What religion do you practice? _____

Are you a member of a parish? Yes 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 – Non-Certified School Staff

| | | |
|--|-------------------------------------|------------------------------------|
| Were you previously employed in any Catholic parish or school or other Catholic agency in the Diocese of Springfield in Illinois? If yes, list the school, parish or agency: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|-------------------------------------|------------------------------------|

Have you been convicted or plead guilty to a felony in the following categories within the last ten years Yes No If yes, explain: _____

Narcotics offense to include the (1) Cannabis Control Act, (2) Illinois Controlled Substance Act, (3) Methamphetamine Control and Community Protection Act, or (4) any attempt to commit any of the offenses listed in items (1) through (3). Any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in this State would have been punishable as one or more of the offenses listed in items (1) through (4) above. Sex offense as defined in in Sections 11-6, 11-9 through 11-9,5 inclusive, and 11-30 of the Criminal Code (CC) of 1961 or the CC of 2012; Sections 11-14 through 11-21, inclusive of the CC of 1961 or the CC of 2012; Sections 11-23 (if punished as a Class 3 felony), 11-24, 11-25, and 11-26 of the CC of 1961 or the CC of 2012; and Sections 11-1-20, 11-1-30, 11-1-40, 11-1-50, 11-1-60, 12-4-9, 12-12, 12-14, 12-14.1, 12-15, 12-16, 12-32, 12-33, and 12C-45 of the CC of 1961 or the CC of 2012. Conviction of sexual or physical abuse of any minor under 18 years of age. Conviction for committing attempted first degree murder or for committing or attempting to commit first degree murder or a Class X felony.

*Convictions that have been legally sealed or expunged and arrests should not be disclosed. While a conviction record is considered, it is not automatic grounds for rejecting an application for employment. Circumstances surrounding the conviction are considered.

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

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: (If more room is needed, please attached a separate sheet.)

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 | | | | | | |

Application for Employment – Non-Certified School Staff

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 ____/____/____ | Employer 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. : () | |
| Beginning Rate of Pay: \$ | Ending Rate of Pay: \$ | | |
| Started ____/____/____ | Employer 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. : () | |
| Beginning Rate of Pay: \$ | Ending Rate of Pay: \$ | | |
| Started ____/____/____ | Employer 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. : () | |
| Beginning Rate of Pay: \$ | Ending Rate of Pay: \$ | | |

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. / | |

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 |