Application for Employment

Name of Organization					
Address					
City					
		Fax Number			
Position applied for		Date of application			
Identifying Information:					
Last Name	First N	Name	Mid	dle Name	
Address	Cit	У	State	Zip Code	
Phone Numbers: (day)	(ev	vening)	SS	\$#	
If the position you are applyi (as indicated in the minimum	n requirements fo	or the position), please identi	fy your parish/c	ommunity
Are you prevented from lawf immigration status? (Proof o Yes No)
How you have convicted of	o folony on hoon	ralased from	inconcention	for a falance with	in the les
Have you been convicted of a 10 years? Yes No		released from	incarceration	for a felony with	nin the las
10 years? Yes No If yes, please explain: (Pleas	e note that an af	firmative resp	onse to the abo	ve question will	not
	e note that an af ployment.)	firmative resp	onse to the abo	ve question will	not
10 years? Yes No If yes, please explain: (Pleas necessarily bar you from em Are you at least 18 years old	e note that an af ployment.) ? Yes N	firmative resp	onse to the abo	ve question will	not
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We are an equal opportunity employer and fully comply with the Americans with Disabilities Act. Accommodations for persons with disabilities will be provided unless the accommodation would place an undue hardship on the employer. Persons needing accommodation should notify the Parish/School.

Work Experience:

<u>Please list name, address, and phone number of previous employment, military, or volunteer</u> <u>experience with most recent experience first.</u>

Name of Organization	From		To	
Status:Volunteer	Full Time paid		Part Time paid	
Current/Ending salary				
Address		_State	Zip	
Telephone Number ()				
Job Title				
Duties and responsibilities of posi-	ition			
Supervisor	May we contact?		Yes	No
Reason for Leaving				
Name known by (if different than	present name)			
Name of Organization	From		То	
Status:Volunteer	Full Time paid		Part Time paid	
Current/Ending salary				
Address	City	_State	Zip	
Telephone Number ()				
Job Title				
Duties and responsibilities of posi-	ition			
Supervisor	•			
Reason for Leaving				
Name known by (if different than	present name)			
Name of Organization	From		То	
Status:Volunteer	Full Time paid		Part Time paid	
Current/Ending salary				
Address	City	_State	Zip	
Telephone Number ()				
Job Title				
Duties and responsibilities of posi	tion			
Supervisor				
Reason for Leaving				
Name known by (if different than	present name)			

Name of Organization	From	То
Status:Volunteer	Full Time paid	Part Time paid
Current/Ending salary		
Address	City	StateZip
Telephone Number ()		
Job Title		
	position	
Supervisor	May we contact?	YesNo
-		
-	than present name)	
• •	ing, skills or experience related to th	
	ls:	
References: Give name, address and teleph	none number of three references who	o are not related to you and are not
previous supervisors.		
Name:	Phone Number:	Relationship:
4		

When would you be available to begin work?_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the Application of Employment are true and complete to the best of my knowledge. I have read the entire employment application. I understand that if I am employed false or misleading statements given on my application or during my interview(s) may result in discharge.

I authorize an investigation of statements in this application to allow the employer to make an employment decision.

Date_____ Applicant's Signature_____