

APPLICATION FOR EMPLOYMENT

As an equal opportunity employer, prospective candidates for employment will receive consideration without regard to race, color, creed, religion, ancestry, age, sex, marital status, national origin, physical or mental disability or handicap, or veteran status. We reserve the right, however, to determine whether and under what circumstances priority should be given to Catholics for certain employment positions. In addition, for Catholic employees, conformance with religious tenets of the Catholic faith is a condition of employment, and all employees are prohibited from performing, teaching, or advocating in the workplace any practices or doctrines which are inconsistent with religious tenets of the Catholic faith.

Name				Date				
Last	First	Middle						
Address								
Numbe	er & Street	City		State	Zip Code			
Position Applied for			Salary Desire	ed				
Full time	Part time Date avail	able	E—Mail Addr:					
Phone Number		Alternate Pho	ne Number					
How did you hear about us (Please indicate specific name of source)	? (circle one) friend/family, newsp	paper, agency, Internet, em	ployee, other Are you over 18	years old? Ye	es No			
	employment in the United States? I will be required to provide docum		No					
Are you currently employe	d full- or part-time at another site in	n the Diocese (school, pa	arish, Chancery)?	Yes	No			
Are you currently under a	non-compete and/or a non-disclosur	re agreement with a prior	r employer?	Yes	No			
High School: No. of Y	indicate your education, as well as ears Completed (circle one) 1 2	3 4 Diploma:	Yes No	G.E.D.:				
School(s)		City		State				
Major		Degrees Earned/Da	nte					
Other Training or Degree	es:							
School(s)		City		State				
Course		Degree and/or Certification	te Earned/Date					
PROFESSIONAL: Pleas	e indicate license and association in	formation that you belie	eve is applicable to the	ne position for which	h you are seeking.			
State of Virginia License N	Number	By Exam		By Endorsement				
Other State License Number		State of Virginia	State of Virginia License Applied for					
License Expiration Date		Professional Associatio	ns*					

*You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.

SKILLS:						
Office	Typing	w.p.m.	Shorthand	w.p.m. Die	ctaphone	_
Windows	Word	Excel	Access	WordPerfect	Lotus 123	dBASE
Other Software	e					
Technical						
RECORD OF COM						
Have you ever been	convicted of a crime of	ther than mino	r traffic offense ((including while in Milita	ry Service)?	Yes No
If yes, explain:						
	not necessarily automature of the crime, and re				Lather such factors	as age and date of conviction,
This application	n for employment is v	alid for 30 day	s only. Conside	eration for employment a	after 30 days may	require a new application.
EMPLOYMENT:						
List last employer fi	rst and include U.S. M	ilitary Service.	May we contac	t your present employer?	Yes	No
If any employment v	was under a different n	ame, indicate r	name:			
Telephone		Position		Dates of Emplo	yment: From	Month/Year To Month/Year
Salary	Supervisor			Department		
Duties						
Full-Time Position	(No. of Hours)		Pa	art-Time Position (No. of	Hours)	
Reason for Leaving						
Telephone		Position		Dates of Emplo	yment: From	Month/Year To Month/Year
Salary	Supervisor			Department	-	Monny Tear
Duties						
Full-Time Position	(No. of Hours)		D,	art-Time Position (No. of)	Hours)	

Reason for Leaving

Employer	Addres	SS					
Telephone	Position	Dates of Emplo	yment: From	Month/Year	To		
Salary	Supervisor	Department		Month/Year	Month/Year		
Duties							
Full-Time Position (No. o	of Hours)	Part-Time Position (No. of	Hours)				
Reason for Leaving							
If you wish to describe additi	ional work experience, attach the above inform	mation for each position on a separate	piece of paper.				
Explain any gaps in work	history:						
Have you ever been disch	arged or asked to resign from a job?	Yes	No		<u> </u>		
If yes, explain:							
ADDITIONAL PROFES	SSIONAL REFERENCES	PERSONAL REFERENCES					
Name		Name					
Position/Company		District A. P.					
Address		Address					
		<u> </u>					
Phone #	Home, work or cell?	Phone		Но	me, work or cell?		
E-Mail		E-Mail					
Name		Name					
Position/Company		Relationship to Applicant					
Address		Address					
Phone	Home, work or cell?	Phone		Но	me, work or cell?		
E-Mail		E-Mail					
	APPLICANT'S CEI	RTIFICATION AND AGREEM	<u>IENT</u>				
statements of any kind, misre basis for disciplinary action, the application process and to references, or other persons vapplication for employment.	rmation that I have supplied in the application expresentations, and/or omissions of fact may r up to and including dismissal, from subseque to discuss the results of such with those responsive to the can verify information, and give my consonal release from liability such former employer my/all liability of whatever kind and nature where	esult in the rejection of my considerat nt employment. I, therefore, authorize sible for hiring. I further authorize th ent for former employers and the cont is or other persons contacted and prov	ion for employmented the Company to it e Company to contracted persons to reliding information to	at or may be considered and state and state and state act my former emeaspond to question to the Company. I	dered sufficient ements supplied in ployers, listed s pertaining to my n addition, I hereby		
Company. However, I further be deemed to constitute the to	mployment offer be extended to me and accept er understand that neither the policies, rules, rules, rules, of employment contract (actual or implies e absence of a written contract to the contrary.	egulations of employment, or anything ed). I understand that any employmen	g said during the ar	oplication and inte indefinite duration	rview process shall and is at will. I		
Signature of Applicant			Date				