APPLICATION FOR EMPLOYMENT

Catholic Charities is an equal opportunity employer and does not discriminate on the basis of race, religion, color, sex, national origin, age, sexual orientation, gender, disability or any other legally protected status.

PLEASE TYPE OR PRINT

Last Name	First	Middle	Date

Other names previously used:	Home Phone ( )
Street Address	Business Phone ( )
City / State / Zip Code	E-mail Address
Position Applying For: / Department/Program	Salary Desired

Have you ever applied for employment with us? If yes, when and location

Do you know or are you related to anyone at Catholic Charities? If so, who?

Full Time	Part Time	Temporary	Availability Date

"If you are offered employment, can you submit verification of your legal right to work in the United States?"
_____Yes _____No

Have you been debarred or excluded from participation in Federal programs by the General Services Administration (GSA) and/or the United States Department of Health and Human Services Office of the Inspector General (OIG). _____Yes _____No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? _____Yes _____ No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

EDUCATION AND TRAINING

CIRCLE HIGHEST GRADE COMPLETED	NAME OF SCHOOL	LOCATION	GRADUATE?	
1 2 3 4 5 6 7 8 9 10 11 12			YES NO GED	
COLLEGE, BUSINESS, OR TRADE SCHOOL	**LOCATION**	**DEGREE**	**MAJOR**	**UNITS**

MILITARY EXPERIENCE:

Branch of Service: _____ **From** _____ **To**_____

Rank/ Type of Service: _____ **Job-Related Training/ Experience** _____

Catholic Charities
DIOCESE OF SAN DIEGO

What languages do you speak, write, or understand?	Speak	Write	Understand
List Professional or Vocational Certifications			

COMPUTER SKILLS (Check all that Apply)

□ Microsoft Office □ Microsoft Word □ Microsoft Excel □ Microsoft Access □ Web Design □ Database Applications

□ Power Point Other _____

Answer the following questions if you are applying for a professional position: Are you licensed/ certified for the job applied for?
_____Yes _____ No

Name of license/certification: _____ Issuing state: _____ License/certification number: _____

REFERENCES

Reference We May Contact **(Do Not List Relatives or Personal References) Do not say see attached resume**

Name	Address	Telephone
Title		( )
How long have you known this person?		

Name	Address	Telephone
Title		( )
How long have you known this person?		

Name	Address	Telephone
Title		( )
How long have you known this person?		

EMPLOYMENT

Please give an accurate, complete full-time and part-time employment record including periods of unemployment. **Start with most recent employment. Do not say see attached resume**

1

Company Name | Telephone

Address | City | State | Zip Code

Name of Supervisor | Title | Employed (Month/Year) From: To:

Job Title and Responsibilities | Reason for Leaving

❑ Yes ❑ No May we contact this employer for a reference?

2

Company Name | Telephone

Address | City | State | Zip Code

Name of Supervisor | Title | Employed (Month/Year) From: To:

Job Title and Responsibilities | Reason for Leaving

❑ Yes □ No May we contact this employer for a reference?

3

Company Name | Telephone

Address | City | State | Zip Code

Name of Supervisor | Title | Employed (Month/Year) From: To:

Job Title and Responsibilities | Reason for Leaving

❑ Yes □ No May we contact this employer for a reference?

4

Company Name | Telephone

Address | City | State | Zip Code

Name of Supervisor | Title | Employed (Month/Year) From: To:

Job Title and Responsibilities | Reason for Leaving

□ Yes □ No May we contact this employer for a reference?

APPLICANT'S STATEMENT

Please Read Carefully, Initial Each Paragraph and Sign Below

☐ Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

☐ Initials I understand that federal law prohibits the employment of those who are not legally eligible to work in the United States. If employed, I understand that I will be required to submit satisfactory evidence of my identity and my legal eligibility to work in the United States. I understand and agree that failure to provide such evidence will result in the rescission of any offer of employment made to me and/or the termination of my employment with Catholic Charities.

☐ Initials I hereby authorize Catholic Charities to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further authorize the references I have listed to disclose to Catholic Charities any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Catholic Charities, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

☐ Initials If employed, I understand and acknowledge that my employment at Catholic Charities is not for a fixed period of time, and that my employment can be terminated at the will of either myself or Catholic Charities at any time, with or without notice, and with or without cause. If employed, I understand and agree that there are no agreements between me and Catholic Charities contrary to my at-will status. I further understand and agree that no manager, supervisor, employee or agent of Catholic Charities is authorized to alter my at will status, except for the Executive Director, and then only in a writing signed both by the Executive Director and me. If employed, I understand and acknowledge that I should neither assume nor imply any promise of employment for any specified period of time except through such a signed writing. This at-will statement sets forth the entire agreement between me and Catholic Charities regarding the circumstances under which my employment may be terminated, if I am employed.

_____

Applicant Signature Date