

ST. FRANCIS OF ASSISI CATHOLIC CHURCH & SCHOOL EMPLOYMENT APPLICATION



PERSONAL INFORMATION

NAME: _____
Last First Middle Initial Social Security #

ADDRESS: _____
Street City State Zip Code

TELEPHONE: _____
Cellphone # Home Phone #

EMAIL ADDRESS: _____

Are you currently under contract with an employer? Yes No

If yes, how soon would you be available for employment with St. Francis of Assisi? _____

Are you Roman Catholic? Yes No If yes, name of parish: _____

Are you legally eligible for employment in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a drug related offense? Yes No

Have you ever been accused or convicted of child abuse? Yes No

POSITION YOU ARE APPLYING FOR: _____

REFERENCES (Please list information for at least THREE professional/personal references.)

	NAME	OCCUPATION	EMAIL ADDRESS	PHONE #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4. (if desired)	_____	_____	_____	_____
5. (if desired)	_____	_____	_____	_____

EDUCATION, VOLUNTEER, AND EMPLOYMENT INFORMATION

SECONDARY/HIGH SCHOOL EDUCATION (Please list information for all current/previous high schools attended.)

NAME	CITY	STATE	GRADUATION
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE/UNIVERSITY EDUCATION (Please list information for all current/previous colleges/universities attended.)

NAME	CITY	STATE	DEGREE EARNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER WORK (Please list information for all current/previous volunteer work, if any.)

NAME	CITY	STATE	START & END DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT/PREVIOUS EMPLOYMENT (Please list information for all current/previous employment.)

1. _____

Employer Name	City/State/Zip	Reason for Leaving	Start & End Date
_____			_____
Responsibilities			Supervisor Name

2. _____

Employer Name	City/State/Zip	Reason for Leaving	Start & End Date
_____			_____
Responsibilities			Supervisor Name

3. _____

Employer Name	City/State/Zip	Reason for Leaving	Start & End Date
_____			_____
Responsibilities			Supervisor Name

4. _____

Employer Name	City/State/Zip	Reason for Leaving	Start & End Date
_____			_____
Responsibilities			Supervisor Name

5. _____
Employer Name City/State/Zip Reason for Leaving Start & End Date

Responsibilities Supervisor Name

6. _____
Employer Name City/State/Zip Reason for Leaving Start & End Date

Responsibilities Supervisor Name

7. _____
Employer Name City/State/Zip Reason for Leaving Start & End Date

Responsibilities Supervisor Name

Do we have your permission to contact your current/previous employers? Yes No

Other training/skills/abilities which would qualify you for this position:

REMARKS

Please use this space to provide any additional information you think would be helpful to us in considering you for employment.

ACKNOWLEDGEMENT OF APPLICANT STATEMENT (Please read carefully before signing.)

If hired, I agree to conform to the rules and regulations of the Catholic Diocese of Des Moines & St. Francis of Assisi Catholic Church & School. I understand that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of the Catholic Diocese of Des Moines & St. Francis of Assisi Catholic Church & School or myself. I understand that no contract of employment is created by this application, or by my employment, or by the rules and regulations of the Catholic Diocese of Des Moines & St. Francis of Assisi Catholic Church & School.

I understand that hours in excess of the regular working hours may be required. I agree to this as a condition of employment.

I understand that if hired I am required to provide documents proving my U.S. citizenship or immigration status and employment eligibility.

I hereby certify that the information I've provided in this application is true and correct. I authorize investigation of all statements contained in this application and I release from liability all persons, companies and corporations supplying such information and agree to indemnify the Catholic Diocese of Des Moines & St. Francis of Assisi Catholic Church & School against any liability which might result from making such investigation. I fully understand that misrepresentation or omission of facts called for in this application is cause for immediate dismissal if I am employed.

I have read the above statements. I understand them and I agree to comply with them as conditions of employment.

SIGNATURE OF APPLICANT

DATE

PLEASE RETURN ALL COMPLETED PAGES OF THIS APPLICATION TO:

ST. FRANCIS OF ASSISI CATHOLIC CHURCH
7075 ASHWORTH ROAD
WEST DES MOINES, IA 50266
