



CATHOLIC CHARITIES

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER - AN AFFIRMATIVE ACTION EMPLOYER

(Please Print Clearly)

Date _____

Name _____
Last First Middle

Present Address _____
Street

City State Zip

Telephone No: _____

Business No: _____

E-mail address: _____

Are you legally eligible for employment in the United States of America? (circle one) YES NO

Full Time	Work or position applying for:	Earliest Date Available
Part Time	Were you ever employed by Catholic Charities before?	YES NO

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check last Year Completed	Did you Graduate?	List Diploma or Degree
High School			9 10 11 12	____ Yes ____ No	
College			1 2 3 4	____ Yes ____ No Grade Point	
College			1 2 3 4	____ Yes ____ No Grade Point	
Post Graduate Others (Specify)			1 2 3 4	____ Yes ____ No Grade Point	

Other training received: i.e. training course, workshops, special courses, armed services training, etc. relative to the position in which you are applying: Please estimate # of hours of training received:

EMPLOYMENT HISTORY

List below all present and past employers, beginning with your most recent. Please be thorough. If you need additional space, attach a separate sheet with the same required information.

I. NAME OF LAST OR PRESENT EMPLOYER	DESCRIPTION OF DUTIES AND RESPONSIBILITIES
Address City, State, Zip	
Month/Year Started Month/Year Left	
Earnings At Start At End Full Time Part Time	
Supervisor's Name & Title Phone:	JOB TITLE Reason for Leaving

II. EMPLOYER BEFORE ABOVE	DESCRIPTION OF DUTIES AND RESPONSIBILITIES
Address City, State, Zip	
Month/Year Started Month/Year Left	
Earnings At Start At End Full Time Part Time	
Supervisor's Name & Title Phone:	JOB TITLE Reason for Leaving

III. EMPLOYER BEFORE ABOVE	DESCRIPTION OF DUTIES AND RESPONSIBILITIES
Address City, State, Zip	
Month/Year Started Month/Year Left	
Earnings At Start At End Full Time Part Time	
Supervisor's Name & Title Phone:	JOB TITLE Reason for Leaving

IV. EMPLOYER BEFORE ABOVE	DESCRIPTION OF DUTIES AND RESPONSIBILITIES
Address City, State, Zip	
Month/Year Started Month/Year Left	
Earnings At Start At End Full Time Part Time	
Supervisor's Name & Title Phone:	JOB TITLE Reason for Leaving

May we contact the employers listed above? _____ If not, indicate by Number the one(s) you do not wish us to contact. _____

Some specific Catholic Charities programs due to recording data, employees are required to be of a minimum age. ARE YOU 18 YEARS OF AGE OR OLDER? _____

Length of experience (all employers) similar to position applied for: Years _____ Months _____

Do you have a valid Minnesota Driver's License? _____ Class _____

Any Restrictions? _____

Please use the space below to indicate any volunteer work, internships, special skills, interests, or qualifications that may be helpful to us in evaluating your suitability/qualifications for the job.

HEALTH STATUS – The position you are applying for may require a Pre-employment & annual Physical Exam. Are you willing to be tested?
Yes No

Emergency Contact: Name: _____

Address _____ Phone: _____

BACKGROUND SCREENING -

A record of criminal conviction is not an automatic bar to employment. Catholic Charities will consider the nature of the conviction in relation to the job applied for, the amount of time since conviction, employment history and all other relevant facts and circumstances in making the hiring decision.

Have you ever been convicted of a crime? _____ If yes, explain: _____

PROFESSIONAL REFERENCES: List three persons who are not related to you who would have knowledge of your qualifications & experience for the position for which you are applying such as present and/or former co-workers, teachers, etc.

Name and Occupation	Years Known	Address: City Street and State	Phone Number: Work and Home
			W: _____ H: _____ E-mail: _____
			W: _____ H: _____ E-mail: _____
			W: _____ H: _____ E-mail: _____

I AM SEEKING EMPLOYMENT WITH CATHOLIC CHARITIES BECAUSE: _____

CAREER GOALS AND ASPIRATIONS: _____

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be considered sufficient cause for termination.

I understand that acceptance of employment does not create a contractual obligation for Catholic Charities to continue to employ me in the future.

I understand that my employment with Catholic Charities is of an at will nature. I am free to leave Catholic Charities at any time and Catholic Charities is free to terminate me at any time.

Signature of Applicant _____ Date _____

RELEASE OF INFORMATION REQUEST

I have applied to Catholic Charities for employment, and I desire that they be fully advised of my record with former and present employers.

I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing information that is honest, factual and without malice.

I further authorize my signature to be duplicated and acknowledge that duplicate copies of this request are valid.

Signature of Applicant

Date

Signature of Catholic Charities Representative

Date

Title

* * * * *



APPLICANT SELF REPORT

The information will be **strictly confidential** for use by the EEO/Affirmative Action Officer for internal audit of employment practices and to meet federal fair employment regulation reporting requirements. Your cooperation and assistance in our efforts to ensure equal employment opportunity is appreciated. Providing information regarding ethnicity and gender is voluntary. All other information must be completed.

PLEASE PRINT CLEARLY

Date this form was completed: ____/____/____

LAST NAME FIRST NAME M.I.

JOB TITLE

WORK SITE/DIVISION

What brought you to Catholic to apply for employment?

- _____ Ad: _____ (name of newspaper)
- _____ College Recruitment
- _____ Community or Minority Agency Referral _____ (name)
- _____ Employee referral or former employee
- _____ Job Line
- _____ State Employment Office (i.e. Jobs & Training Office)
- _____ Catholic Charities website
- _____ Other website: _____ (name)
- _____ Walked in
- _____ Other, specify _____

The information requested in this section is voluntary. **If you choose to not provide this information, you must check the box below indicating your decision.** However, absence of this data will limit our effectiveness in auditing employment practices to ensure full equality of opportunity in employment.

_____ I decline to provide personal information regarding ethnicity or gender even though I understand this information will not be available to anyone making hiring decisions and is to be used only in a confidential manner in order to comply with fair employment regulations and ensure equality of opportunity in employment.

WHAT RACE/ETHNIC GROUP DO YOU CONSIDER YOURSELF? (Check one box only)

- _____ Black or African American (AF)
- _____ American Indian/Alaskan Native (AI)
- _____ Asian; not Hispanic or Latino (AS)
- _____ Caucasian, not Hispanic or Latino (CA)
- _____ Hispanic/Latino (HI)
- _____ Native Hawaiian/Other Pacific Islander; not Hispanic or Latino (HA)
- _____ Two or more races; not Hispanic or Latino (MU)
- _____ DECLINED

GENDER

_____ Male _____ Female

Diversity Department Use Only

Received ____/____/____