

CANDIDATE NAME _____



4111(b)

APPLICATION FOR PARISH/SCHOOL EMPLOYMENT

Are you eligible for employment in the United States? YES NO (Proof of citizenship will be required upon employment)

We consider applicants for all positions without regard to age, race, color, sex, disability, national origin, or other bases protected by law. We shall be non-discriminatory in employment practices in accordance to applicable federal and state laws insofar as they are consistent with the beliefs, official teachings, and Doctrine of the Catholic Church. The employer may give preference to a Catholic applicant.

Applicants may request any needed accommodation to complete the application process.

POSITION APPLYING FOR

SEND APPLICATION TO THE PARISH/SCHOOL YOU ARE APPLYING

| | | | |
|------------------------------|--|--------------|-------------|
| PARISH / SCHOOL NAME: | | DATE: | |
| ADDRESS: | | CITY: | ZIP: |

PERSONAL INFORMATION

| | | | |
|--|--------------------|------------------------|--------------------|
| LAST NAME: | FIRST NAME: | MIDDLE INITIAL: | EMAIL: |
| PERMANENT ADDRESS: | | CITY: | |
| STATE: | ZIP: | CELL PHONE: | WORK PHONE: |
| FOR THE PURPOSES OF VERIFYING PAST EMPLOYMENT OR OTHER INFORMATION ON THIS APPLICATION, PLEASE LIST OTHER NAMES USED: | | | |

| | | |
|--------------------------------------|-----------------------|--------------------------------|
| DATE AVAILABLE FOR EMPLOYMENT | SALARY DESIRED | ARE YOU UNDER CONTRACT? |
|--------------------------------------|-----------------------|--------------------------------|

HAVE YOU BEEN EMPLOYED BY A PARISH/SCHOOL IN THE ARCHDIOCESE OF MILWAUKEE IN THE PAST? YES NO

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|-----------------------------|
| IF YES, LOCATION(S): |
|-----------------------------|

CANDIDATE NAME _____

EDUCATION

| COLLEGE / UNIVERSITY NAME & LOCATION (City & State) | NUMBER OF CREDITS: | DEGREE EARNED |
|--|--------------------|---------------|
| | | |
| | | |
| | | |

CERTIFICATION

| TYPE OF CERTIFICATE | CERTIFYING BODY | DATE ISSUED – DATE EXPIRES | OTHER |
|---------------------|-----------------|----------------------------|-------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT (START WITH MOST RECENT)

| DATES | | ORGANIZATION (Address/City/State) | POSITION TITLE | SUPERVISOR'S NAME | REASON FOR LEAVING |
|-------|----|--------------------------------------|----------------|----------------------|--------------------|
| FROM | TO | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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| | | | | | |

MAY WE CONTACT CURRENT OR PAST EMPLOYERS? YES NO

| PROFESSIONAL ACTIVITIES |
|-------------------------|
| |
| |
| |

REFERENCES (GIVE RECENT PROFESSIONAL REFERENCES)

| NAME | WORKING RELATIONSHIP |
|-------------------------|------------------------|
| | |
| ADDRESS | PHONE NUMBER |
| | |
| HOW DO YOU KNOW PERSON? | HOW LONG KNOWN PERSON? |
| | |

| NAME | WORKING RELATIONSHIP |
|-------------------------|------------------------|
| | |
| ADDRESS | PHONE NUMBER |
| | |
| HOW DO YOU KNOW PERSON? | HOW LONG KNOWN PERSON? |
| | |

CANDIDATE NAME _____

| | |
|--------------------------------|-------------------------------|
| NAME | WORKING RELATIONSHIP |
| | |
| ADDRESS | PHONE NUMBER |
| | |
| HOW DO YOU KNOW PERSON? | HOW LONG KNOWN PERSON? |
| | |

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|---|
| HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO <u>NOLO CONTENDERE</u> TO, AN OFFENSE (INCLUDING FELONY, MISDEMEANOR OR MUNICIPAL ORDINANCE), OR ARE YOU NOW SUBJECT TO A PENDING CRIMINAL CHARGE? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, DESCRIBE IN DETAIL (E.G. DATE; CONVICTION OR OFFENSE; LOCATION OF COURT) |
| |
| (CONVICTIONS OR PENDING CHARGES WILL BE CONSIDERED IN THE HIRING PROCESS ONLY TO THE EXTENT THEY SUBSTANTIALLY RELATE TO THE CIRCUMSTANCES OF EMPLOYMENT SOUGHT BY THE APPLICANT.) |

DECLARATION

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|---|-------------|
| <p>-I hereby declare the information provided by me in this Application for Employment is true, correct and complete.</p> <p>-I hereby authorize the employer, schools, and persons named on this application to give any information requested regarding my employability, character, and qualifications, and release them from all liability for any damages for issuing this information.</p> <p>-I understand and agree that any misrepresentation, false statement, or omissions by me in this application will be sufficient reason for rejecting my application or for dismissal at any time during my employment without liability to my employer and/or the Archdiocese of Milwaukee.</p> <p>-I understand that, consistent with State regulation, I may be required to submit to, or provide evidence of, tuberculin testing and/or chest X-rays.</p> <p>-By signing my name below, I understand that nothing contained in this application or in the interview process is intended to create an employment contract.</p> <p><input type="checkbox"/> By checking this box I have read and understand the above statements.</p> | |
| SIGNATURE | DATE |
| | |

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

REVISED 5/18