

Application for Employment



Our Lady of Mount Carmel Parish considers qualified applicants regardless of race, color, gender, age, national origin, handicap, or veteran status. However, given the religious nature of the parish, the parish reserves the right to dismiss an employee for serious public immorality, public scandal, or public rejection of the teachings, doctrine, or laws of the Roman Catholic Church.

PERSONAL INFORMATION

Name (Last, First, Middle Initial):			Social Security Number:	
Present Address:	Apt:	City:	State:	Zip:
Daytime Phone:		Evening Phone:		
Your Birthday (month and day <i>only</i>):		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<i>Please list all additional addresses for the past seven years</i>	<i>Dates</i>
<i>List Other Names(s) Used and Dates Used</i>	

If you are under 18 years of age, can you provide proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , give date:
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , give position and dates:
If hired, can you provide the requisite evidence of authorization to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No

DESIRED EMPLOYMENT

Position Applied for:	Date You Can Start:	Salary Desired:
Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Are you on "Layoff" status subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to perform the duties of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who referred you to this parish? <input type="checkbox"/> Employment Agency <input type="checkbox"/> College Placement Service <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> Ad (online, in bulletin or in newspaper) <input type="checkbox"/> Other		

EDUCATION

<i>School Level</i>	<i>Name/Location</i>	<i>Number of Years Attended</i>	<i>Subjects/Degree</i>
High School			
College			
Trade, Business or Correspondence			

Please list other name(s) used and dates used while attending school or college.	
Other Special Studies, Training/Skills	

FORMER EMPLOYERS

List Below Last Three Employers, Starting with the Most Recent One First

Name of Present or Last Employer:			
Address:		City:	State: Zip:
Starting Date:	Leaving Date:		Job Title:
Starting Salary:		Final Salary:	
Name of Supervisor:		Title:	Phone:
Description of Work:			
Reason for Leaving:			

Name of Previous Employer:			
Address:		City:	State: Zip:
Starting Date:	Leaving Date:		Job Title:
Starting Salary:		Final Salary:	
Name of Supervisor:		Title:	Phone:
Description of Work:			
Reason for Leaving:			

Name of Previous Employer:			
Address:		City:	State: Zip:
Starting Date:	Leaving Date:		Job Title:
Starting Salary:		Final Salary:	
Name of Supervisor:		Title:	Phone:

Description of Work:
Reason for Leaving:

PROFESSIONAL REFERENCES

Below, give the names of three persons (other than friends and relatives) whom you have known at least one year.

Name	Address & Telephone Number	Relationship	# of Years Known

SERVICE RECORD

Branch of Service:	Discharge Date:	Rank:
Type of education, training or work experience received:		
Are you able to provide a copy of your DD-214 upon request? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CONVICTION RECORD

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain and give date, city and state (<i>will not necessarily exclude you from consideration</i>):

APPLICANT'S STATEMENT AND AUTHORIZATION

- I understand that the Parish-Employer follows an “employment at will” policy. That means that I or the Parish-Employer may terminate my employment at any time, and for any reason, consistent with applicable state or federal law. The only way that this policy can be changed is where specifically permitted in a writing signed by an authorized person of the Parish-Employer. I also understand that this application is not a contract of employment.
- I understand that federal law prohibits the employment of unauthorized aliens. I understand that I must submit proof of employment authorization and identity in a timely manner and that I will be denied employment if I fail to do so.
- I understand that I am to comply with the Safe Environment protocol before I can be employed (or serve as a volunteer) with the Parish.
- I understand that I am to comply with the Catholic Identity and Mission Statement if I am employed by the Parish in a ministerial capacity.
- I understand that the Parish-Employer may thoroughly investigate my employment and personal history and verify all information provided on this application, on related papers, and in interviews.
- I authorize all individuals, schools, and firms named in this application, except my current employer if so noted, to provide any information requested about me, and I release them and the potential Parish-Employer from all liability for damage in providing this information.
- I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant

Date

FOR INTERVIEWER'S USE ONLY

Interviewed By	Date
Comments	
Hired (Date) For Dept.	For Position
Salary/Wages	Will Report
Notes:	
<i>Approvals</i>	<i>Date</i>
<input type="checkbox"/> Hiring Supervisor	
<input type="checkbox"/> Human Resource Director	
<input type="checkbox"/> Pastor	