**Application for Employment**

*Please print all the information and answer every question. Employment in and by the Church is substantially different from secular employment. Church employees must conduct themselves in a manner consistent with and supportive of the mission of the Church. Their public behavior must not violate the faith, morals or laws of the Church or the Diocese of Pueblo such that it could embarrass the Church or give rise to scandal. The Diocese of Pueblo expects that all employees respect Roman Catholic doctrine and religious practices. In some cases, reasonable accommodations for the religious practices of employees who are not Roman Catholic may be provided, but some positions will require that the incumbent be an active Roman Catholic in good standing with the Church.*

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| **APPLICANT INFORMATION** | | | | | | | | | |
| LAST NAME | | FIRST NAME | | | MIDDLE INITIAL | | | | PHONE NUMBER |
|  | |  | | |  | | | |  |
| MAILING ADDRESS | | | | EMAIL ADDRESS | | | | | |
|  | | | |  | | | | | |
| Have you worked here before? | | Yes  or No | | | If so, when? | | | |  |
| Are you 18 or older? | | Yes  or No | | | Are you legally eligible for employment in the U.S? | | | | Yes  or No |
| Are you Roman Catholic? | | Yes  or No | | | If so, of which parish are you a member? | | | |  |
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| **POSITION AVAILABLE** | |  | | |  | | | |  |
| What position are you applying for? | | | | |  | | | | |
| Are you able to perform the essential functions of this position with or without accommodation? | | | | | Yes  or No | | | | |
| EMPLOYMENT TYPE DESIRED | | | AVAILABLE START DATE | | | | | | |
| Full-time  Part-time  Either | | |  | | | | | | |
|  | | | | | | | | | |
| **EDUCATION** | |  | | |  | | | |  |
|  | | **NAME & LOCATION** | | | **DEGREE OR DIPLOMA OBTAINED** | | | **SUBJECT AREA** | |
| HIGH SCHOOL OR GED | |  | | |  | |  | | |
| COLLEGE, UNIVERSITY, OR VOCATIONAL TRAINING | |  | | |  | |  | | |
| COLLEGE, UNIVERSITY, OR VOCATIONAL TRAINING | |  | | |  | |  | | |
| **Name of License or Certification** | | | | | **License Number** | | | | **Expiration Date** |
|  | | | | |  | | | |  |
| OTHER / APPLICABLE TRAINING/ SKILLS/ QUALIFICATIONS |  | | | | | | | | |
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| **REFERENCES: Please provide professional references (not personal); ideally, prior supervisors.** | | | | | | | | | |
| **NAME** | | **COMPANY & POSITION** | | | **EMAIL** | | | | **PHONE** |
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| **EMPLOYMENT HISTORY: Please complete the section below, even if you are submitting a resume.** | | | | | | | | | |
| EMPLOYER NAME | | POSITION HELD | | | START DATE | | | | END DATE |
|  | |  | | |  | | | |  |
| WORK PERFORMED | | | | | | | | | |
|  | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | |
|  | | | | | | | | | |
| SUPERVISOR NAME | | PHONE | | | EMAIL ADDRESS | | | | |
|  | |  | | |  | | | | |
| MAY WE CONTACT? | | REASON FOR LEAVING | | | | | | | |
| Yes  or No | |  | | | | | | | |
| EMPLOYER NAME | | POSITION HELD | | | START DATE | | | | END DATE |
|  | |  | | |  | | | |  |
| WORK PERFORMED | | | | | | | | | |
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| MAILING ADDRESS | | | | | | | | | |
|  | | | | | | | | | |
| SUPERVISOR NAME | | PHONE | | | EMAIL ADDRESS | | | | |
|  | |  | | |  | | | | |
| MAY WE CONTACT? | | REASON FOR LEAVING | | | | | | | |
| Yes  or No | |  | | | | | | | |
| EMPLOYER NAME | | POSITION HELD | | | START DATE | | | | END DATE |
|  | |  | | |  | | | |  |
| WORK PERFORMED | | | | | | | | | |
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| MAILING ADDRESS | | | | | | | | | |
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| SUPERVISOR NAME | | PHONE | | | EMAIL ADDRESS | | | | |
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| MAY WE CONTACT? Y or N | | REASON FOR LEAVING | | | | | | | |
| Yes  or No | |  | | | | | | | |
| EMPLOYER NAME | | POSITION HELD | | | START DATE | | | | END DATE |
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| WORK PERFORMED | | | | | | | | | |
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| MAILING ADDRESS | | | | | | | | | |
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| SUPERVISOR NAME | | PHONE | | | EMAIL ADDRESS | | | | |
|  | |  | | |  | | | | |
| MAY WE CONTACT? Y or N | | REASON FOR LEAVING | | | | | | | |
| Yes  or No | |  | | | | | | | |
| **OTHER QUESTIONS** | | | | | | | | | |
| Have you ever been found to have engaged in physical abuse, sexual abuse, or sexual harassment? | | | | | | Yes  or No | | | |
| Has any employer ever counseled you, reprimanded you, disciplined you, or terminated your employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving record, your theft, or your mishandling of monies or company property? | | | | | | Yes  or No | | | |
| If yes, give a short explanation of the allegations in the space below. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time, including employer’s name, address and telephone number. We will conduct an individualized assessment of its relevance to the position for which you are applying. | | | | | |  | | | |
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| **APPLICANT’S DECLARATION, AUTHORIZATION AND RELEASE** | | | | | | | | | |
| *My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false information, or intentional omission of relevant information, in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize the Employer and its agents to verify any information related to my application or resume. I also authorize and direct individuals, schools, employers, and law enforcement or government officials to freely provide any information concerning my background, and hereby release any and all of them from any liability for doing so. If I am hired, I understand that I will be employed on an at-will basis for an indefinite period of time and that my employer may terminate my employment at any time and for any reason.* | | | | | | | | | |
| **SIGNATURE** | |  | | |  | | | |  |
| PRINTED NAME | | SIGNATURE | | | | | | | DATE |
|  | |  | | | | | | |  |