



HOLY NAME CATHOLIC CHURCH

9 S. Connor St. Sheridan, WY 82801
(307) 672-2848 | holynamesheridan.org

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered equally.

Position applying for: _____

Today's Date: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____

City State ZIP Phone No.: _____

Email: _____ If under 18, please list age: _____

EMPLOYMENT INFORMATION

If the position for which you are applying requires membership in a Catholic parish or faith community (as indicated in the job announcement), please identify your parish/community: _____

Are you authorized to work lawfully in the United States? ☐ Yes ☐ No

(If hired, a Form I-9, Employment Eligibility Verification, must be completed at the start of employment.)

Do you have any disabilities or health conditions that may affect your ability to perform the duties of the job you are applying for (or which should be taken into account for job placement)? ☐ Yes ☐ No If "yes" please explain. _____

Have you ever been convicted of a felony, misdemeanor, or offense of any kind? ☐ Yes ☐ No If "yes" please explain. _____

How did you hear about this opening? ☐ Church Bulletin ☐ The Sheridan Press ☐ Country Bounty
☐ Other, please specify: _____

EDUCATION AND TRAINING

School Name & Location	# of Years Attended	Graduate (Yes or No)	Degree Earned
High School			
College/University			
College/University			

Other Training/Education/Skills: _____

EMPLOYMENT HISTORY

Please list name, address, and phone number of previous employment, military, or volunteer experience, with the **most recent experience first**.

1) Name of Organization _____ From _____ To _____

Status: ☐ Volunteer ☐ Full-Time Paid ☐ Part-Time Paid Current/Ending Salary _____

Address: _____

Phone number: _____ Supervisor: _____

Job title: _____

Duties and Responsibilities: _____

Reason for leaving: _____

May we contact the employer? Yes () No () If "no" please explain _____

2) Name of Organization_____ From _____To _____

Status: ☐ Volunteer ☐ Full-Time Paid ☐ Part-Time Paid Current/Ending Salary_____

Address: _____

Phone number:_____ Supervisor: _____

Job title: _____

Duties and Responsibilities: _____

Reason for leaving: _____

May we contact the employer? Yes () No () If “no” please explain _____

3) Name of Organization_____ From _____To _____

Status: ☐ Volunteer ☐ Full-Time Paid ☐ Part-Time Paid Current/Ending Salary_____

Address: _____

Phone number:_____ Supervisor: _____

Job title: _____

Duties and Responsibilities: _____

Reason for leaving: _____

May we contact the employer? Yes () No () If “no” please explain _____

4) Name of Organization _____ From _____ To _____

Status: ☐ Volunteer ☐ Full-Time Paid ☐ Part-Time Paid Current/Ending Salary _____

Address: _____

Phone number: _____ Supervisor: _____

Job title: _____

Duties and Responsibilities: _____

Reason for leaving: _____

May we contact the employer? Yes () No () If "no" please explain _____

PERSONAL REFERENCES

Please list three adult persons not related to you, whom you have known at least one year.

Name: _____ Years acquainted: _____ Phone number: _____

Address: _____

Name: _____ Years acquainted: _____ Phone number: _____

Address: _____

Name: _____ Years acquainted: _____ Phone number: _____

Address: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in Application for Employment are true and complete to the best of my knowledge. I understand if I am employed, false or misleading statements given on my application or during my interview(s) may result in discharge. I authorize an investigation of statements contained in this application which will allow the employers to make an employment decision.

Applicant's Signature _____ Date _____