



## **APPLICATION FOR EMPLOYMENT**

Fill out the application completely; if questions are not applicable, enter "N/A". Do not leave questions blank. Sign and date (where applicable), attach the required supporting documents, and submit your application to the Office of Human Resources.

The Diocese of Brownsville, its parishes, and entities is an equal employment opportunity / affirmative action employer. The Diocese of Brownsville, its parishes, and entities does not discriminate or tolerate discrimination against any employee or applicant for employment on the basis of race, color, national origin, sex, religion, age, gender, pregnancy, veteran status, or disability or any other protected classification unless a particular factor is determined to be a bona fide occupational qualification. The Diocese of Brownsville, its parishes, and entities complies with all applicable state and federal laws.

### **SECTION I: POSITION DESIRED**

Position Applying For: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_ yr.

Employment Desired ☐ Full-Time ☐ Part-Time ☐ Temporary

Date available for work? \_\_\_\_\_ Are you willing to work weekends? Yes ☐ No ☐

Are you willing to travel? Yes ☐ No ☐ How did you hear about this position? \_\_\_\_\_

### **SECTION II: APPLICANT INFORMATION**

Full Name: \_\_\_\_\_

List any other names used if different from above: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Have you ever been employed by the Diocese of Brownsville or any of its parishes, schools, or other entities? Yes ☐ No ☐ If yes, list entity/position: \_\_\_\_\_

Do you have any relatives currently employed by the Diocese of Brownsville? Yes ☐ No ☐

If so, please provide name of relative: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without accommodation? Yes \_\_\_ No \_\_\_

If an accommodation (s) is necessary, explain how you would perform the tasks, and with what accommodation(s). \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_ May we contact your present employer? Yes \_\_\_ No \_\_\_

### **SECTION III: EMPLOYMENT ELIGIBILITY**

Are you at least 18 years old? Yes \_\_\_ No \_\_\_

Are you eligible to work in the United States? Yes \_\_\_ No \_\_\_  
(Proof of eligibility will be required upon employment)

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes \_\_\_ No \_\_\_ If Yes, explain in concise detail on a separate sheet of paper, giving dates and nature of the offense, the name and location of the court, and the disposition of the case (s). A conviction may not disqualify you, but a false statement will.

### **SECTION IV: KNOWLEDGE, SKILLS, AND ABILITIES (KSA)**

**List all skills relative to your ability to perform the functions of the position for which you are applying.**

List any computer skills (hardware and/or software): \_\_\_\_\_

Are you knowledgeable in Microsoft Word, Excel, and PowerPoint? Yes \_\_\_ No \_\_\_

List any office equipment (copiers, scanners, calculators): \_\_\_\_\_

Approximately how many words per minute do you type? \_\_\_\_\_

Do you speak a language other than English? Yes \_\_\_ No \_\_\_ Other Language \_\_\_\_\_

Do you write in a language other than English? Yes \_\_\_ No \_\_\_ Other Language \_\_\_\_\_

### **SECTION V: EDUCATION AND CERTIFICATIONS**

**Applicants are required to provide proof of diploma, degrees, transcripts, licenses, or certifications.**

Current Professional Licenses/Certifications/Registrations: \_\_\_\_\_

High School Name/GED: \_\_\_\_\_

Did you graduate or receive GED? Yes \_\_\_ No \_\_\_

College/University Name: \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_

Degree Type: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

College/University Name: \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_

Degree Type: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Other: \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_

Degree Type: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

## SECTION VI: MILITARY SERVICE

**A copy of a report of separation from the Armed Services may be required.**

Are you a veteran? Yes \_\_\_ No \_\_\_ If yes, list discharge status: \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

Duties: \_\_\_\_\_

Special Training: \_\_\_\_\_

## SECTION VII: EMPLOYMENT HISTORY

**List your employment history beginning with the most recent. If you need additional space, please complete it on a separate sheet of paper.**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ \_ Full-Time \_\_\_ Part-Time \_\_\_ Temporary

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Avg. hours worked per week: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact the supervisor for a reference? Yes \_\_\_ No \_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ ☐ Full-Time ☐ Part-Time ☐ Temporary

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Avg. hours worked per week: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact the supervisor for a reference? Yes ☐ No ☐

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ ☐ Full-Time ☐ Part-Time ☐ Temporary

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Avg. hours worked per week: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact the supervisor for a reference? Yes ☐ No ☐

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Temporary

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Avg. hours worked per week: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact the supervisor for a reference? Yes \_\_\_ No \_\_\_

## SECTION VIII: PROFESSIONAL REFERENCES

Three professional references are required. Personal references (family or friends) will not be accepted.

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

## **SECTION IX: APPLICANT ACKNOWLEDGEMENT**

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

I certify that all statements made on this application and the information contained in all other documents I have submitted in support of my application are true and complete to the best of my knowledge. I understand that the Diocese of Brownsville, its parishes, and other entities may verify the information I have furnished. I have not knowingly withheld any information requested on this form which may have bearing on an employment decision. I understand and agree that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, grounds for dismissal/termination, regardless of the time elapsed before discovery. I certify that the foregoing statements are all given of my own free will. I understand that if employed, I will be on probation for a specified length of time and that my continued employment will be contingent upon meeting acceptable job performance standards and abiding by the policies and regulations set forth in the in the Personnel Manual of the Diocese of Brownsville. I understand and agree that my employment with the Diocese of Brownsville, its parishes, and other entities is at-will and may terminate the working relationship for any reason, at any time, with or without advance warning. I understand that I will be required to provide documents establishing my identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SECTION X: AUTHORIZATION TO RELEASE INFORMATION**

In connection with my application for employment with the Catholic Diocese of Brownsville (the "Diocese"), its parishes, and entities, I understand that inquiries will be made concerning my employment background and qualifications, character, education, and other related matters, such as criminal and driving records, which may be relevant to my employment qualifications. I hereby authorize an accredited representative of the Diocese of Brownsville bearing this release to obtain any information from employers, criminal justice agencies including but not limited to the Texas Department of Public Safety and the Federal Bureau of Investigation, or individuals, or persons named as references to release to the Diocese of Brownsville, its parishes, and entities any and all pertinent information relating to my employment or educational record. This may include, but is not limited to, academic achievements, work habits, job performance, attendance, skills and/or abilities, personal history, disciplinary actions, arrests, and conviction records. I hereby direct you to release such information upon the request of the bearer. I understand that the information released is for official use of the Diocese of Brownsville, its parishes, and entities and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, agency, or company, including record custodians, from all liability from any damages which may result from furnishing such information to the Diocese of Brownsville, its parishes, and entities for whatever nature which may at any time result from compliance with this authorization. I understand that my employment with the Diocese of Brownsville, its parishes, and entities will be subject to the outcome of the criminal history investigation. I understand that any job offer or subsequent employment may be conditioned on the Diocese of Brownsville's receipt of a satisfactory background inquiry. I agree that the Diocese of Brownsville, its parishes, and entities will not be held liable if the job offer is subsequently withdrawn.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION XI: SUBMISSION OF EMPLOYMENT APPLICATION

Submit completed Employment Application, Background Check Authorization Form, Resume, copies of degrees, licenses, certifications and any other supporting documents to the Office of Human Resources.

For additional information contact Annita M. Gonzalez, Director of Human Resources at 956-550-1545 (Brownsville Office) or 956-784-5029 (San Juan Office).

**Email:** [agonzalez@cdob.org](mailto:agonzalez@cdob.org)

**Mail:** Diocese of Brownsville  
Attn: Human Resources  
P. O. Box 2279  
Brownsville, Tx 78522

**In Person:** Diocese of Brownsville (Chancery)  
Attn: Human Resources  
1910 University Blvd.  
Brownsville, Texas 78520

Diocese of Brownsville (Pastoral Center)  
Attn: Human Resources  
700 N. Virgen De San Juan Blvd.  
San Juan, Texas 78589