

Parish Name and City

(for employer use only)

APPENDIX A

PARISH JOB APPLICATIONDate:

We are an equal opportunity employer. It is our policy to comply with all applicable federal, state equal opportunity employment guidelines.

Name LAST FIRST INITIAL Telephone:

Address STREET

CITY STATE ZIP

Position Desired: Date Available: **Employment Information**

Are you 18 years or older?

 Yes No

Are you legally authorized to work in the United States?

 Yes No

Are you employed now?

 Yes No

May we contact your present employer?

 Yes No

Ever worked for the Diocese of Superior before?

 Yes No**Educational Information**

Circle highest grade completed

Grade School

1 2 3 4 5 6 7 8

High School

9 10 11 12

College/Technical

13 14 15 16

Graduate School

17 18 19 20 21+

Institution	Name and Location	Date of Graduation	Degree, diploma, or certificate	Major fields of study
High School				
College/Undergraduate				
Graduate School				
Technical School				
Other				

Knowledge and Skills

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL TRAINING:

SPECIAL SKILLS:

Employment History (most current first)	
Employer	Your Job Title:
Address	Duties:
	Reason for Leaving:
Phone:	Salary:
	Employed from: to:

Employer	Your Job Title:
Address	Duties:
	Reason for Leaving:
Phone:	Salary:
	Employed from: to:

Employer	Your Job Title:
Address	Duties:
	Reason for Leaving:
Phone:	Salary:
	Employed from: to:

References (List three persons not related to you, whom you have known at least one year)		
NAME	RELATIONSHIP	TELEPHONE

Background Information

Have you ever been convicted of a felony? ____ YES ____ NO

If yes, please explain date and nature of conviction.

A conviction will not necessarily bar you from employment. The nature and date of the conviction and the position desired will be taken into consideration.

Authorization

I certify that the facts contained in this application and accompanying resume are true and complete to the best of my knowledge and understand that, if employed, falsified statements may result in termination.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. Moreover, I release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

DATE:

SIGNATURE: