



# Application for Employment

## PERSONAL INFORMATION

Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Other name(s) under which known \_\_\_\_\_

Address No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Have you ever worked/volunteered for the Roman Catholic Church?  Yes  No Where \_\_\_\_\_ When \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Do you have any friends or relatives working for the Diocese of Orange?  Yes  No If yes, state name(s), relationship and location: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Location \_\_\_\_\_

## GENERAL INFORMATION

Position applying for: \_\_\_\_\_

Are you applying for Regular full-time work? .....  Yes  No Regular part-time work?.....  Yes  No  
Temporary or On-Call work, e.g., summer or holiday work? .....  Yes  No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available? From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available to work on weekends?  Yes  No. Would you be available to work overtime, if necessary?  Yes  No

If under age 18, can you provide a work permit if offered a job? .....  Yes  No

If hired, can you show proof of your right to work in the U.S.? .....  Yes  No

If hired, on what date can you start work? \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you able to safely perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No. If no, describe the functions that cannot be performed. \_\_\_\_\_

Have you ever been terminated or asked to resign from employment:  Yes  No If yes, please explain: \_\_\_\_\_

## EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____ Address _____	Course of Study _____ City _____	# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ State _____ Zip _____
<b>College/ University</b>	Name _____ Address _____	Course of Study _____ City _____	# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ State _____ Zip _____
<b>Other</b>	Name _____ Address _____	Course of Study _____ City _____	# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ State _____ Zip _____

If applicable to the position for which you are applying, do you speak, read, or write a language other than English? .....  Yes  No  
If yes, which language(s) \_\_\_\_\_  Fair  Good  Fluent



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## EMPLOYMENT HISTORY

Please list all present and past employment and work related volunteer activities starting with the most recent for the last ten (10) years. Account for all periods of unemployment in excess of one month and for any time periods not included in your resume. Please attach a separate sheet if necessary.

Name of Employer	Type of Business	Dates of Employment: From	To
Address & Street	City	State	Zip
Your Supervisor's Name	(____) ____ - ____ Telephone No.	Ok to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Pay: Starting Ending
Your Position and Duties			
Reason for Leaving			

Name of Employer	Type of Business	Dates of Employment: From	To
Address & Street	City	State	Zip
Your Supervisor's Name	(____) ____ - ____ Telephone No.	Ok to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Pay: Starting Ending
Your Position and Duties			
Reason for Leaving			

Name of Employer	Type of Business	Dates of Employment: From	To
Address & Street	City	State	Zip
Your Supervisor's Name	(____) ____ - ____ Telephone No.	Ok to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Pay: Starting Ending
Your Position and Duties			
Reason for Leaving			

## REFERENCES

List below two professional references who have knowledge of your work performance within the last ten years.

First Name	Last Name	(____) ____ - ____ Telephone No.	Occupation
Address & Street	City	State	Zip Years Known
First Name	Last Name	(____) ____ - ____ Telephone No.	Occupation
Address & Street	City	State	Zip Years Known

I hereby certify that the information contained in this application form is true, complete and correct to the best of my knowledge and I agree to have any of the statements checked by the Diocese unless I have indicated to the contrary. I authorize any individuals from the above contacts to provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to a diocesan representative, any of its agents or employees. I understand that any misrepresentation, falsification or material omission of information on this application may result in revocation of an offer of employment, or if hired, my dismissal from employment.

In consideration of my employment I agree to conform to the rules and standards of the Diocese as amended by the Diocese from time to time at its discretion.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that employment with the Diocese is at-will, meaning that the terms and conditions of employment may be changed with or without notice, with or without cause, including, but not limited to, termination, demotion, promotion, compensation, benefits, duties and location of work. I understand that no representative of the Diocese has the authority to make assurances to the contrary.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of identity and legal authority to work in the United States.

\_\_\_\_\_  
Date Applicant's Signature