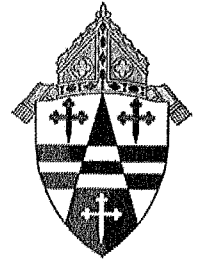


# EMPLOYMENT APPLICATION



POSITION APPLYING FOR \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip Code

E-MAIL ADDRESS \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ ARE YOU AT LEAST 18 YEARS OLD? ☐ YES ☐ NO

SOME POSITIONS, BY NATURE OF THEIR MINISTERIAL PURPOSE, REQUIRE APPLICANTS TO BE CATHOLIC.

If the position, as indicated in the minimum requirements for the position, requires such: Are you Catholic? ☐ YES ☐ NO

To what Catholic parish or faith community do you belong? \_\_\_\_\_

ARE YOU CURRENTLY OR HAVE YOU EVER WORKED FOR A PARISH, SCHOOL, CHANCERY OR AGENCY OF THE ARCHDIOCESE OF SEATTLE, CATHOLIC COMMUNITY SERVICES, OR OTHER CATHOLIC ENTITY, OR ARE AN ORDAINED PRIEST/WOMEN RELIGIOUS?  
☐ YES ☐ NO

IF YES, PLEASE INDICATE WHERE: \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  
 (Proof of employment eligibility will be required upon employment) ☐ YES ☐ NO

HOW DID YOU HEAR ABOUT THIS OPENING? \_\_\_\_\_

Please list specific website, newspaper, etc.

## EDUCATION/SKILLS:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	GRADUATED?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Persons needing accommodation to complete the application process should notify the parish.

This image shows a completely blank white rectangular area, which appears to be a scanned piece of paper. It is surrounded by a thin black border, likely from the scanner or the frame. There are no markings, text, or illustrations on the page.

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

1. Name of Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Status: \_\_\_\_ Volunteer \_\_\_\_ Full Time paid \_\_\_\_ Part Time paid

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Duties and responsibilities of position:

Reason for Leaving \_\_\_\_\_

Name known by (if different than present name) \_\_\_\_\_

2. Name of Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Status: \_\_\_\_ Volunteer \_\_\_\_ Full Time paid \_\_\_\_ Part Time paid

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Duties and responsibilities of position:

Reason for Leaving \_\_\_\_\_

Name known by (if different than present name) \_\_\_\_\_

3. Name of Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Status: \_\_\_\_ Volunteer \_\_\_\_ Full Time paid \_\_\_\_ Part Time paid

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Duties and responsibilities of position:

Reason for Leaving \_\_\_\_\_

Name known by (if different than present name) \_\_\_\_\_

4. Name of Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Status: \_\_\_\_ Volunteer \_\_\_\_ Full Time paid \_\_\_\_ Part Time paid

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Duties and responsibilities of position:

Reason for Leaving \_\_\_\_\_

Name known by (if different than present name) \_\_\_\_\_

We may contact the employers listed above unless you indicate those you do not want us to contact:

Name of employer(s) \_\_\_\_\_

Reason: \_\_\_\_\_

#### REFERENCES:

Give name, email address, and telephone number of three references who are not related to you and are not previous supervisors:

1.

2.

3.

#### APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the Application of Employment are true and complete to the best of my knowledge. I understand that if I am employed false or misleading statements given on my application or during my interview(s) may result in termination. I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose. I understand that the parish will conduct a pre-employment screening, and if offered a position, a criminal background check. If I am hired my employment is conditional upon receipt of a satisfactory report from this screening.

I understand that any offer of a position is subject to existing parish policies & guidelines which cannot be superseded except by written offer from a qualified representative of the parish.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application, or within 6 months may request this application be used.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_