



DATE APPLICATION COMPLETED		POSITION(S) APPLYING FOR			(CIRCLE ONE) PART TIME FULL TIME ON CALL	
CURRENT ADDRESS	FULL FIRST NAME		FULL MIDDLE NAME		FULL LAST NAME	
	STREET				EARLIEST START DATE	
	APT #	HOME PHONE	WORK PHONE		CELL PHONE	
CITY		STATE		ZIP		
EMAIL ADDRESS						

Are you legally eligible for employment in the United States of America? *You will be required to provide proof if hired.* (Circle One) YES NO

Have you ever been employed by Catholic Charities before? (Circle One) YES NO

Have any of your friends/relatives ever worked for Catholic Charities? Is so, please list his/her name(s) and professional title(s):

Have you ever applied for a position with Catholic Charities before? If so, please list the position(s) and Month/Year of application:

How did you find out about this position? _____

EDUCATION

Type of Education	Name of School	City/State of School	Course(s) of Study	Fill in GPA	Circle Year Completed	List Diploma/ Degree/Certificates
High School				GPA: _____	9 10 11 12	
Post-Second/ College				GPA: _____	1 2 3 4	
Post-Second/ College				GPA: _____	1 2 3 4	
Post-Grad/ Other				GPA: _____	1 2 3 4	

Other Training Received (courses, workshops, armed services training, and/or certifications that may be relevant to the position you are applying for) and # of hours: _____

Other Experience (volunteer work, internships, special skills, interests, qualifications that may be relevant to the position you are applying for) and Length of Experience(s): _____

Please list any Professional Licenses you hold, the state/county/city you are licensed in, and the expiration date of the licensure: _____

Have you ever been discharged or asked to resign from previous employment? If so, please explain: _____

EMPLOYMENT

Please list below all present and past employers, beginning with the most recent. If you need additional space, attach a separate sheet.

Employer's Name	Start Month/Year	Left Month/Year	Supervisor's Name	Supervisor's Title
Position	Start Wage	End Wage	Supervisor's Phone	Reasons for Leaving
Duties/Responsibilities:				

Employer's Name	Start Month/Year	Left Month/Year	Supervisor's Name	Supervisor's Title
Position	Start Wage	End Wage	Supervisor's Phone	Reasons for Leaving
Duties/Responsibilities:				

Employer's Name	Start Month/Year	Left Month/Year	Supervisor's Name	Supervisor's Title
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Employer's Name	Start Month/Year	Left Month/Year	Supervisor's Name	Supervisor's Title
Position	Start Wage	End Wage	Supervisor's Phone	Reasons for Leaving
Duties/Responsibilities:				

May we contact the employers listed above? (Circle One) YES NO If NO, please indicate by the Supervisor Name(s) those you do not wish us to contact: _____

Total length of experience similar to position applying for: Years _____ Months _____

PROFESSIONAL REFERENCES

Please list three people who are not related to you who would have knowledge of your qualifications and experience for the position you are applying for.

Name	Occupation	Years Known	Phone Number Email Address	Relationship to Applicant

I am seeking employment with Catholic Charities because: _____

My career goals and aspirations are: _____

BACKGROUND SCREENING *A record of criminal conviction is not an automatic bar from employment. Catholic Charities will consider the nature of and amount of time since conviction along with other variables upon making a hiring decision.*

Have you ever been convicted of a crime? (Circle One) YES NO If yes, please explain: _____

AGE *Some specific Catholic Charities program employees are required to be of a minimum age due to recording data.*

ARE YOU 18 YEARS OF AGE OR OLDER? (Circle One) YES NO

DRIVING Do you have a valid Minnesota Driver's License? (Circle One) YES NO Class(es): _____

Any restrictions? (Circle One) YES NO If yes, please list: _____

HEALTH STATUS *The position you are applying for may require a pre-employment and/or annual health screenings.*

Are you willing to be tested? (Circle One) YES NO

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that falsified statements in the above may be considered sufficient cause for denial for employment and/or dismissal from employment.

I have applied for employment with Catholic Charities, and desire that the proper representatives be fully advised of my record with present and former employers as well as references listed. I release to Catholic Charities the rights to all necessary information, and release those contacted from any and all liability of damages for providing information that is honest, factual, and without malice.

I understand that applying for and/or acceptance of employment does not create a contractual obligation for Catholic Charities to continue to employ me in the future. I understand that if hired my employment with Catholic Charities is of an at-will nature and that I must fully adhere to all policies, rules and regulations set forth by Catholic Charities. Both Catholic Charities and I are free to end my employment at any time, with or without cause or notice.

Applicant's Signature: _____ Date: _____

