



## APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Answer all questions as completely as you can. Remember to provide current phone number for your references and sign your completed application. Write "NA" for items that are not applicable.

### PERSONAL INFORMATION

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone Number \_\_\_\_\_ Message Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Position Desired \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ On-Call \_\_\_

Date Available \_\_\_\_\_

List any other legal names you have worked under \_\_\_\_\_

Have you ever applied for a position with our organization? Yes \_\_\_ No \_\_\_

If yes, When? \_\_\_\_\_

For which position(s)? \_\_\_\_\_

How did you hear about our job opening? (circle as many as apply)

Catholic Charities Website	Work Source	Visit to organization	Recruiting Firm
Newspaper Ad	Church Bulletin	Professional Organization	Other
Internet Advertising	Job posting at school	Employee referral (name)	_____

**EDUCATION**

	Name	City	State	Major/Subject	Degree/Diploma
High School					
College					
College					
Graduate School					
Tech School					
GED					
Other:					

**SKILLS**

Please list any other special training, skills, and certificates which would tell us more about your qualifications for this job. \_\_\_\_\_

Do you have a current Washington State License (e.g., RN, LPN, PT, etc.) for the position for which you are applying? Yes \_\_\_ No \_\_\_

Have you ever been denied membership, or renewal thereof, or been subject to disciplinary action in any professional organization? Yes \_\_\_ No \_\_\_ If Yes, please explain:

**EMPLOYMENT RECORD** Starting with your current/most recent job, fill in your work history and/or volunteer experience.

Employer:	Address:		Dates Employed: From: To:	
Supervisor:	Phone:	May we contact?	Position Held:	Reason for Leaving:

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

Employer:	Address:		Dates Employed: From: To:	
Supervisor:	Phone:	May we contact?	Position Held:	Reason for Leaving:

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

Employer:	Address:	Dates Employed: From:                      To:		
Supervisor:	Phone:	May we contact?	Position Held:	Reason for Leaving:

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

Employer:	Address:	Dates Employed: From:                      To:		
Supervisor:	Phone:	May we contact?	Position Held:	Reason for Leaving:

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

Employer:	Address:	Dates Employed: From:                      To:		
Supervisor:	Phone:	May we contact?	Position Held:	Reason for Leaving:

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

Do you speak a foreign language? Yes \_\_\_ No \_\_\_ If yes, which? \_\_\_\_\_  
 Give name of any relative (by blood or marriage) employed by or serving in any capacity on the Board of Directors or any standing committee of Catholic Charities: \_\_\_\_\_

\*If you need more pages to describe your work history and/or volunteer experience, please attach them to this application form.

**WORK & PROFESSIONAL REFERENCES**

Name:	Phone#: E-mail:	Relationship:
Name:	Phone#: E-mail:	Relationship:
Name:	Phone#: E-mail:	Relationship:

**Certification & Agreement – Read Carefully and Sign**

I certify that all the information I have provided on this application and accompanying document is true and correct.

I authorize all previous employers to furnish Catholic Charities, to the extent permitted by Federal and State law, my reason for leaving, my performance history, and all other information they may have concerning my employment with them. I also understand that my employment may be contingent upon satisfactory completion of credit, educational and criminal background checks. I release all of my previous employers, educational institutions, credit agencies, and Catholic Charities from all liability that may arise from such investigations.

I understand that employment is at will, that it is not guaranteed for any term, and that my employment may be terminated by Catholic Charities or myself at any time and for any reason. I understand that neither this form nor statements by representatives of Catholic Charities constitutes an employment contract.

Signature \_\_\_\_\_

Date \_\_\_\_\_