



# EMPLOYMENT APPLICATION

As an equal opportunity employer, Catholic Charities Diocese of Palm Beach, Inc considers applicants for all positions without regard to race, color, religion, national origin, sex/sexual orientation, age, marital status, veteran status, citizenship, physical/mental disability which can be reasonably accommodated with undue hardship, or any other protected classes as defined by federal, state, or local law.

## PERSONAL INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Today's Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

### Phone Numbers:

Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

### Position Applying For:

\_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ Temp \_\_\_\_\_ Summer \_\_\_\_\_

Salary Requirement \_\_\_\_\_ Date Available \_\_\_\_\_

Can you work overtime? Yes \_\_\_ No \_\_\_ Can you work weekends? Yes \_\_\_ No \_\_\_

Can you work holidays? Yes \_\_\_ No \_\_\_

### How were you referred to us? (Check any that apply)

Newspaper Ad \_\_\_ Current Employee Referral \_\_\_ School \_\_\_

Internet \_\_\_ Employment Agency \_\_\_ Walk In \_\_\_ Other \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

(Conviction will not necessarily disqualify applicant from employment)

### If yes, explain

Has a criminal, civil or internal complaint to management or supervisors at places of employment ever been filed against you which alleged sexual misconduct, harassment or child abuse by you, or your participation in or facilitation of such activities? Yes \_\_\_ No \_\_\_ If yes, please explain. Provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed, disposition of the complaint; and identity by name and title, the person(s) who investigated the complaint and the person who adjudicated the complaint.

Do you have the legal right to work in the United States? Yes \_\_\_ No \_\_\_

Have you previously been employed by Catholic Charities? Yes \_\_\_ No \_\_\_

If so, when? \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

If hired, do you have a reliable means of transportation? Yes \_\_\_ No \_\_\_

## EDUCATION

Circle Highest Level Completed Then Applicable Information Requested:

High School: 1 2 3 4 College: 1 2 3 4 5 6

Name: \_\_\_\_\_ Name (Undergrad) \_\_\_\_\_

City/State \_\_\_\_\_ City/State \_\_\_\_\_

Yr Grad \_\_\_\_\_ Major \_\_\_\_\_ Yr Grad \_\_\_\_\_ Major \_\_\_\_\_

Degree \_\_\_\_\_ GPA \_\_\_\_\_

Graduate Degree \_\_\_\_\_ School Name \_\_\_\_\_

City/State \_\_\_\_\_ Yr Grad \_\_\_\_\_ Major \_\_\_\_\_

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**OTHER SKILLS**

Foreign Languages (list fluent only) \_\_\_\_\_

Regarding the languages, do you? Read \_\_\_\_ Write \_\_\_\_ Speak \_\_\_\_

Professional Licenses/Certifications (that you believe would help you do the job applied for): \_\_\_\_\_

Other Job Related Skills or Business Machines Operated (include computer skills, specialized equipment, office machines, etc.): \_\_\_\_\_

If you have a valid Driver's License indicate your license number and State issued:

No: \_\_\_\_\_ State: \_\_\_\_\_

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**MILITARY**

U.S. Veteran: Yes \_\_\_\_ No \_\_\_\_ If yes, Date of Service \_\_\_\_\_

Rank \_\_\_\_\_ Branch of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Describe any training relevant to the position for which you are applying:

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**EMPLOYMENT HISTORY**

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer (Last 10 Years).

1. Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Employed: From \_\_\_\_ To \_\_\_\_

Name of Supervisor \_\_\_\_\_ Salary: Start \_\_\_\_ End \_\_\_\_

Title and Brief Description of Duties:

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

2. Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Employed: From \_\_\_\_ To \_\_\_\_

Name of Supervisor \_\_\_\_\_ Salary: Start \_\_\_\_ End \_\_\_\_

Title and Brief Description of Duties:

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

3. Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Employed: From \_\_\_\_ To \_\_\_\_

Name of Supervisor \_\_\_\_\_ Salary: Start \_\_\_\_ End \_\_\_\_

Title and Brief Description of Duties:

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



**AGREEMENT**

Please read the following statements carefully before signing this application:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the Executive Director of Catholic Charities has authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

HR 03/10/03