

Application For Lay Employment



Diocese
of
Charlotte

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Positions(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Last previous address (if at present address less than two years)					
Telephone Number(s)			Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with any agency/parish/department of the Diocese? If Yes, give date _____ Agency/parish/departmentmen

Yes No

Are you currently employed?

Yes No

Have you ever been employed by any agency/parish/department of the diocese? If Yes, give date _____ Agency/parish/departmentmen

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date are you available for work? _____

Are you available to work: Full Time Part Time

Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

If so, how much? Rarely Sometimes Frequently

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain. _____

Have you ever been the subject of an investigation involving sexual abuse, or has any complaint ever been made about you involving sexual misconduct with a minor?

Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

MILITARY SERVICE

From Yr/Mo	To Yr/Mo	Branch	Rank	Specialty	Discharge Status
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Describe any job-related training received in the United States military.

Why are you interested in working for The Diocese of Charlotte?

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Other Qualifications
 Summarize special job-related skills and qualifications acquired from employment or other experience.

Additional Information

Specialized Skills

- PC
- MAC
- Calculator
- Typewriter

- FAX
- MS Windows
- PBX System
- Wordperfect

Check Skills/Equipment Operated

Software (list):

Other (list):

State any additional information you feel may be helpful to us in considering your application.

References (Other than a relative or employer).

1. _____ () _____
Name Phone #

Address
2. _____ () _____
Name Phone #

Address
3. _____ () _____
Name Phone #

Address

Applicant's Statement

I hereby certify that to the best of my knowledge the information presented in this application form is true and complete.

I authorize investigations of all statements contained in this application as may be necessary in arriving at an employment decision except where specifically indicated to the contrary.

I also understand and agree that if hired, neither this application nor any related policies, procedures or practices of the employer shall create an express or implied contract of employment or a promise of continued employment. I further understand that if hired, my employment will be "at will" meaning that such employment may be terminated by the employer at any time and for any reason.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application for employment shall be considered active for a period of time not to exceed 45 days.

Please check one:

You may contact my present employer:

You may not contact my present employer:

Signature

Date