



St. Mary of the Lakes
40 Jackson Road
Medford, NJ 08055

APPLICATION FOR EMPLOYMENT

Date: ___/___/___ Position(s) applying for: _____

Name: _____

Last

First

Middle

Address: _____

Number

Street

City

State

Zip Code

Phone No.:() _____ Cell No.:() _____

What job requirements, as listed in the job posting, can you fulfill? _____

If hired, can you provide proof that you are eligible to work in the United States? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Would you work: ___Full-Time ___Part-Time ___Summer or Temporary

Specify days and hours available: _____

Are you on a lay-off and subject to recall? Yes No

Can you travel if required? Yes No

If you are offered a job, on what date will you be available for work? _____

Have you previously been employed by or worked as a volunteer with any parish, Catholic school or church in the Diocese of Trenton or any other diocese in the State of New Jersey? If the answer is "yes", then please provide the name of each and the dates of your employment/volunteerism there.

Have you previously applied for employment with any parish, Catholic school or church in the Diocese of Trenton or any other diocese in the State of New Jersey? If the answer is "yes", then state when, where and for what position(s). _____

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Check Last Year Completed	Degree
Elementary			5 6 7 8	
High			1 2 3 4	
College			1 2 3 4	
Other (Specify)			1 2 3 4	

Honors Received (Professional and Educational) _____

Special Skills and Qualifications Acquired from Employment or Other Experience: _____

EMPLOYMENT EXPERIENCE

List each job held from most recent to least recent. You are welcome to attach additional sheets of paper if needed. Start with your present or most recent job. Include previous job-related volunteer activities.

Employer	Dates of Employment Starting - Ending	Job Title: Use reverse side to describe primary duties
Address		
Supervisor's Name	Hourly Rate / Salary Starting - Ending	Reason for Leaving

EMPLOYMENT EXPERIENCE (continued)

Employer	Dates of Employment Starting - Ending	Job Title: Use reverse side to describe primary duties
Address		
Supervisor's Name	Hourly Rate / Salary Starting - Ending	Reason for Leaving

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ACKNOWLEDGEMENT

If I am employed, in consideration thereof I agree to conform to the rules and regulations of _____ . I recognize, understand and agree that any compensation or benefits I receive from _____ can be terminated and/or altered with or without cause and with or without notice, at any time, at the option of _____ . **Initial:** _____

I certify that answers given in this acknowledgement and the Employment Application are true and complete to the best of my knowledge. **Initial:** _____

I authorize investigation of all statements contained in this Employment Application as may be necessary in arriving at an employment decision. I authorize my prior employers and/or volunteer organization(s) to give you any and all information concerning my previous employment/volunteerism and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I also agree to permit _____ to conduct substance abuse tests and any other background investigative procedures it deems appropriate with respect to my application and, in the event of hire, while employed. **Initial:** _____

I understand that I will only be considered an applicant of _____ upon completing an application for a position for employment in response to a listed job opening. **Initial:** _____

In the event of employment, I understand that false, incomplete or misleading information given on my resume, in my application, or in my interview(s) may result in discharge. **Initial:** _____

NOTHING ON THIS APPLICATION IS INTENDED TO CREATE OR IMPLY AN EMPLOYMENT RELATIONSHIP OR A CONTRACT FOR EMPLOYMENT. IF HIRED, THE EMPLOYEE UNDERSTANDS THAT THE EMPLOYMENT IS AT-WILL, THAT IT IS NOT FOR ANY SPECIFIC PERIOD OR DURATION AND CAN BE TERMINATED WITH OR WITHOUT REASON AT ANY TIME. WHILE EMPLOYMENT POLICIES OR PROCEDURES MAY CHANGE FROM TIME TO TIME AT _____'S OPTION. ONLY A WRITTEN AGREEMENT SIGNED BY THE _____ OF _____ CAN CHANGE THE EMPLOYEE'S AT-WILL STATUS.

Signature

Date