

CATHOLIC CEMETERY ASSOCIATION

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Name (Last name)			(First)			
Present Address		Apt. No.	City		State	ZIP
Permanent Address		Apt. No.	City		State	ZIP
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone:	Work Phone:	Cell:		
Position Desired			Date you can Start		Salary Desired	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we call your current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?		When?		
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where? What department?		When?		
Name of last supervisor at this company:						
Who referred you to this company?						
<input type="checkbox"/>		College Placement Service		State Employment Office		<input type="checkbox"/> Friend
<input type="checkbox"/>		Employment Agency		<input type="checkbox"/> Newspaper Advertising		Walk-in <input type="checkbox"/> Other
EDUCATION	School Name, City & State	Did you Graduate? List year.	List degree attained.	Number of years attended	Major Field of study	Name used while at this school
High School						
College						
Trade, Business, Correspondence, or Professional School						
Subjects of Special Study or Research Work:						
Special Training						
Special Skills						

If a job description has been provided for you, are you able to perform the essential functions of the job with or without reasonable accommodations? **Yes No**

If the answer is, no, please describe the functions that cannot be performed?

EMPLOYMENT HISTORY Please list your employers for the last ten years starting with the most recent.

Starting Date	Name of present or last Employer:		May we contact this employer?	
Ending Date	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Street Address: _____			
	City: _____	State: _____		
Starting Salary: _____	Supervisor Name: _____	Title: _____	Phone: _____	
Ending Salary: _____				
Job Title: _____	Name used while working for this employer:			
Description of work: _____				
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntarily Quit <input type="checkbox"/> Involuntarily Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other	Explain: _____			

Starting Date	Employer:			
Ending Date	_____			
	Street Address: _____			
	City: _____	State: _____		
Starting Salary: _____	Supervisor Name: _____	Title: _____	Phone: _____	
Ending Salary: _____				
Job Title: _____	Name used while working for this employer:			
Description of work: _____				
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntarily Quit <input type="checkbox"/> Involuntarily Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other	Explain: _____			

Starting Date	Employer:			
Ending Date	_____			
	Street Address: _____			
	City: _____	State: _____		
Starting Salary: _____	Supervisor Name: _____	Title: _____	Phone: _____	
Ending Salary: _____				
Job Title: _____	Name used while working for this employer:			
Description of work: _____				
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntarily Quit <input type="checkbox"/> Involuntarily Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other	Explain: _____			

Starting Date	Employer:			
Ending Date	_____			
	Street Address: _____			
	City: _____	State: _____		
Starting Salary: _____	Supervisor Name: _____	Title: _____	Phone: _____	
Ending Salary: _____				
Job Title: _____	Name used while working for this employer:			
Description of work: _____				
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntarily Quit <input type="checkbox"/> Involuntarily Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other	Explain: _____			

REFERENCES List the names of 3 persons you are not related to, whom you have known for more than a year.
If possible, list persons you have worked with and persons whom know you well.

Please check phone numbers to verify they are working numbers.

Name	Address, City & State	Phone	Relationship to Reference	Years Acquainted
		Home: Work: Cell:		
		Home: Work: Cell:		
		Home: Work: Cell:		

ADDRESS RECORD

Please list complete address where you have lived for the last seven years.

Street Address	City	State	ZIP	Dates From To

SERVICE RECORD

Branch:	Beginning Date:	Ending Date:
Rank and Job Title:	Description of Duties	

The Catholic Cemetery Association will conduct a background check on all applicants that it is considering for hire.

Authorization and Understanding Statement

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any misstatements or omission of material facts in this application or in the hiring process shall be grounds for disqualification or termination of employment.

I authorize you or your representative, at the time of application for employment or at any time while I am employed, to verify any of the information concerning my employment, credit, education, criminal history, driving history, personal references, and military history with the appropriate individuals and / or institutions. I authorize them to release such information, as you require, including disciplinary employment record, without any obligation to give me written notice of such disclosure.

I hereby release you and your representatives from any liability whatsoever as a result of such inquiries and disclosures. I agree that any false information or omission of pertinent information may subject me to disqualification for employment or termination of employment at any time during the period of employment. If hired, I will serve at the will of the employer and agree to these arrangements”.

***CONFIDENTIAL INFORMATION: FOR POSITIVE IDENTIFICATION PURPOSES ONLY**

APPLICANT’S NAME _____

NAME USED AT GRADUATION FROM HIGH SCHOOL/COLLEGE _____

OTHER NAMES USED IN THE PAST 7 YEARS _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH (*for identification purposed only*) _____

DRIVER’S LICENSE NUMBER _____ STATE ISSUED _____

CURRENT ADDRESS _____

SIGNATURE OF APPLICANT _____

TODAY’S DATE _____

***Once complete, this page will be retained in a separate, confidential location, away from the rest of the employment application.**