

## Application for Employment

Name of Organization ST. JOSEPH CATHOLIC CHURCH

Address 1790 14<sup>th</sup> ST.

City MARION State IA Zip 52302

Phone Number (319) 377-4869 Fax Number (319) 377-9043

Position applied for PARISH SECRETARY Date of application \_\_\_\_\_

### Identifying Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

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

Phone Numbers: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ SS# \_\_\_\_\_

If the position you are applying for requires membership in a Catholic parish or faith community (as indicated in the minimum requirements for the position), please identify your parish/community:

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of employment eligibility will be required upon employment.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony or been released from incarceration for a felony within the last 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: (Please note that an affirmative response to the above question will not necessarily bar you from employment.)

Are you at least 18 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_  
(list specific newspaper, internet site, etc.)

### Education/Skills:

High School \_\_\_\_\_ Diploma \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

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

Undergraduate College \_\_\_\_\_

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

Degree Received \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Graduate College \_\_\_\_\_

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

Degree Received \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Other (specify) \_\_\_\_\_

**We are an equal opportunity employer and fully comply with the Americans with Disabilities Act. Accommodations for persons with disabilities will be provided unless the accommodation would place an undue hardship on the employer. Persons needing accommodation should notify the Parish/School.**

**Work Experience:**

*Please list name, address, and phone number of previous employment, military, or volunteer experience with most recent experience first.*

Name of Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Status: \_\_\_\_\_ Volunteer \_\_\_\_\_ Full Time paid \_\_\_\_\_ Part Time paid  
Current/Ending salary \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties and responsibilities of position \_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Name known by (if different than present name) \_\_\_\_\_

Name of Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Status: \_\_\_\_\_ Volunteer \_\_\_\_\_ Full Time paid \_\_\_\_\_ Part Time paid \_\_\_\_\_  
Current/Ending salary \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties and responsibilities of position \_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Name known by (if different than present name) \_\_\_\_\_

Name of Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Status: \_\_\_\_\_ Volunteer \_\_\_\_\_ Full Time paid \_\_\_\_\_ Part Time paid \_\_\_\_\_  
Current/Ending salary \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties and responsibilities of position \_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Name known by (if different than present name) \_\_\_\_\_

Name of Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Status: \_\_\_\_\_ Volunteer \_\_\_\_\_ Full Time paid \_\_\_\_\_ Part Time paid  
Current/Ending salary \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties and responsibilities of position \_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Name known by (if different than present name) \_\_\_\_\_

We may contact the employers listed above unless you indicate those you do not want us to contact:  
Name of employer(s) \_\_\_\_\_  
Reason: \_\_\_\_\_

**Other:**  
Describe any specialized training, skills or experience related to the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_

Describe Your Computer Skills: \_\_\_\_\_  
\_\_\_\_\_

**References:**  
Give name, address and telephone number of three references who are not related to you and are not previous supervisors.

Name:	Phone Number:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

When would you be available to begin work? \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**  
I hereby certify that the facts set forth in the Application of Employment are true and complete to the best of my knowledge. I have read the entire employment application. I understand that if I am employed false or misleading statements given on my application or during my interview(s) may result in discharge.

I authorize an investigation of statements in this application to allow the employer to make an employment decision.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_