EMPLOYMENT APPLICATION

DIOCESE OF CLEVELAND

PLEASE PRINT

Date of Application _____

Position(s) Applied For_____

Referral Source: ____ Advertisement ____ Friend ____ Relative ____Walk-In ____ Employment Agency

____ Diocese Website ____ Other _____

Name_____
Last First Middle

Address _____
Number Street City State Zip

Telephone - Home:(___)_____ Cell:(___)_____ Email:_____

Number to call in case of emergency(_____)_____ Contact Name: _____ _____
Area Code Relationship

Have you filed an application here before? _____ Yes _____ No If yes, give date _____

Have you ever been employed here before? _____ Yes _____ No If yes, give date _____

Are you employed now? _____ 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 required upon employment.)

On what date would you be available for work? _____

Are you available to work _____ Full Time _____ Part Time _____ Temporary

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

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

PRIOR ADDRESSES

Please list your previous addresses, retroactively for the past 10 years starting with the last address before your present one.

1. From _____ To _____ _____
Number Street City State Zip
2. From _____ To _____ _____
Number Street City State Zip
3. From _____ To _____ _____
Number Street City State Zip

EDUCATION

	Elementary	High School	College/University	Graduate /Professional
School Name:	_____	_____	_____	_____
	_____	_____	_____	_____
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree	_____	_____	_____	_____

Describe Course of Study _____

Describe Specialized Training, Apprenticeship, Skills, Extra-Curricular Activities and Foreign Language Skills _____

_____

Honors Received: _____

_____

EMPLOYMENT EXPERIENCE

Please provide information for all employment within the past 10 years, starting with the most recent employer. Account for all periods including unemployment and service in the armed forces. You may attach additional pages if necessary.

1._____ (____) _____From____ To _____ _____
Employer Telephone Dates Employed Work Performed

_____ _____ _____
Address / City State Zip

_____
Job Title

_____ (____)_____
Supervisor Telephone

_____
Reason for Leaving

2._____ (____) _____ From____ To _____ _____
Employer Telephone Dates Employed Work Performed

_____ _____ _____
Address / City State Zip

_____
Job Title

_____ (____)_____
Supervisor Telephone

_____
Reason for Leaving

3._____ (____) _____ From____ To _____ _____
Employer Telephone Dates Employed Work Performed

_____ _____ _____
Address / City State Zip

_____
Job Title

_____ (____)_____
Supervisor Telephone

_____
Reason for Leaving

4._____ (____) _____ From____ To _____ _____
Employer Telephone Dates Employed Work Performed

_____ _____ _____
Address / City State Zip

_____
Job Title

_____ (____)_____
Supervisor Telephone

_____
Reason for Leaving

PERSONAL AND PROFESSIONAL REFERENCES (*3 Required*)

Name and Occupation	Address	Phone
1. _____	_____	_____
2._____	_____	_____
3. _____	_____	_____

If you are applying for a position that **requires** a standard driver's license or a commercial driver's license in order to perform the essential duties of the job, please answer the following:

Do you currently have a valid Ohio Driver's License? _____ Yes _____ No
License Number(s) (please specify whether standard or commercial)_____

Have you been convicted of a crime other than a minor traffic offense? _____ Yes _____ No

If yes, please specify: _____
(A conviction will not necessarily bar employment. Factors such as the number of convictions, your age at the time of the crime(s), seriousness of the crime(s), and nature of the crime(s) in relation to the position are taken into consideration).

APPLICANT'S STATEMENT (*read carefully before signing*)

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any willful omission, or any falsification or misrepresentation of the information provided on this application or in an interview, is sufficient cause for rejection of my application or termination of my employment in the event of employment.

I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that the Diocese of Cleveland follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, or for any reasons consistent with applicable state or federal law, and that this employment-at-will policy cannot be changed unless the change is specifically authorized in writing.

I authorize all persons, investigation agencies, business organizations, schools, companies, corporations, credit bureaus, any law enforcement agencies to supply the Diocese of Cleveland and/or its agents any information concerning my background, except my current employer if so noted above. If I am applying for a job that requires a driver's license in order to perform the essential duties of the job, I also authorize the Diocese of Cleveland to obtain a Driver's Abstract Report from any state in which I have held a standard or commercial driver's license and I agree to provide the Diocese of Cleveland with information sufficient to allow the Diocese of Cleveland to obtain these reports. I release the Diocese of Cleveland and its agents from any and all liabilities and responsibilities, damages, and claims of any kind whatsoever arising from the investigation of my background.

I understand, also, that in the event of employment I am required to abide by all rules and regulations of the Diocese of Cleveland**.**

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for: _____ Open _____ Yes _____No

Position(s) Considered for: _____

_____

Arrange Interview: _____ Yes _____ No

Remarks: _____

_____

Employed: _____ Yes _____ No Date of Employment: _____

Job Title: _____ Department _____

By _____ _____
Name and Title Date

References Contacted:

_____

_____

_____

_____

NOTES: _____

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