

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"/> Employment Agency | <input type="checkbox"/> Relative |
| | <input type="checkbox"/> Walk In |
| | <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) | Social Security Number | |

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/department _____

☐ 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/department _____

☐ 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 |
| | | | | | |

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