## **Employment Application Form**

Hiring Entity:							
	(Address)	(City)	(State)	(Zip)			
IMPORTANT NOTICE: If you need assista Applicants should	nce in completing this ap be extremely careful as the			Resources Department of			
without discrimination with regard to ra	ce, national origin, citi and its hiring entities r icants and co-workers in	zenship, color, sex, eserve the right to b employment decision	age, disability be the sole jud ons. The Catho	ge of merit, competence and olic Faith is integrated within			
General Instructions: This application form is to be filled out of apply, respond by using "NA". For all second							
Employment is conditioned on the successful completion of the screening process. By signing this application, I represent that the information provided in this form is given voluntarily, may be used in filing reports required by state and federal governments and agencies, may be disclosed to others and used for any other purpose not prohibited by law. The result of such screening will be initially disclosed to decision-makers for and its hiring entities and may be the basis for disqualifying any candidate for employment and for termination during employment. The and its hiring entities reserves the right to utilize this information in any way it deems necessary, such as but not limited to civil, criminal and administrative proceedings, and any other similar matters. By signing this application, I agree to the foregoing and further agree to hold and its hiring entities harmless for any claims resulting from such screening for drug and/or alcohol use.							
NOTE: All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.							
POSITION APPLYING FOR				DATE			
	GEGEVON L. DEI	OCONAL DATE					
	SECTION I PER	RSONAL DATA					
☐ New Applicant							
☐ Presently employed within the Dioces	e of St. Petersburg, at						
☐ Previously employed within the Dioce	ese of St. Petersburg, at						
From To	Position						
Have you filled out an application he	re before? 🔲 Yes 🔲 I	No If yes, give dat	e(s):				
Name (Last, First, Middle)				Social Security #			
Home Address (Street, City, State, Zip)				Home Phone			
Work Address (Street, City, State, Zip)				Work Phone			

List states and counties of residence and employment for the past 5 years:

If a member of a religious community, please g	ive following information	for Provincial:	
Name (Last, First, Middle)			Work Phone ( )
Address (Community Name, Street, City, Zip)			
Roman Catholic   Church Attending (Name	. Address, Pastor)		
☐ Yes ☐ No	, 11uu1 ess, 1 usee1)		
	SECTION II WOR	K EXPERIENCE	
List all jobs, beginning with the most recen	nt position.		
Employer Name	Dates Employed	Supervisor's Name	Reason for Leaving
Address, Telephone & Fax Nos.	Month/Year	Phone Number	
	From		
	То		
	From		
	То		
	From		
	То		
	From		
	То		
	From		
	То		
	From		
	То		
Annual Salary in most recent position	3	Salary desired	\$
Explain any periods of unemployment:			
	Reason		
	Reason		
From To	Reason		

SECTION 1	ш	EDUCA	TION	ΔND	SKILL

Level of Education	School Name/Address	Years Completed	Major or Courses	Diploma or Degree
High School				
College				
Graduate School				
Professional/ Trade				

Please describe any other specialized training, knowledge, experience, skills (include bilingual ability, computer skills, etc.), abilities, licenses, certificates or credentials which you feel add to your qualifications for the position sought with us.

## **SECTION IV -- REFERENCES**

Give at least three current professional references, including your present employers, who have first-hand knowledge of your character, personality and work ability. Please do not include family members or friends as references.

Name	Address with Zip Code	Telephone with Area Code	Position

## **SECTION V -- PERSONAL INFORMATION**

EXPLAIN ANY "YES" ANSWERS TO ITEMS 1-8 ON AN ATTACHED STATEMENT. Answering "yes" may not disqualify you from the position desired. Each action will be weighed/considered in relation to the position sought.

1.	Have you ever been suspended, dismissed, or asked to resign a position for any reason?	Yes	No
2.	Have you ever failed or refused to fulfill an employment contract?	Yes	No
3.	Do you have or have you had any mental or physical conditions (including contagious or	Yes	No
	communicable disease), which would affect your ability to hold the position, for which you are		
	applying, without reasonable accommodation?		
4.	Do you use drugs in any form or excessive amounts of alcohol?	Yes	No
5.	Have you ever been reprimanded or dismissed from a position for grounds that include or involve	Yes	No
	immoral conduct, unprofessional conduct, harassment, including sexual harassment, or unfitness		
	for service?		
6.	Have you ever been discharged other than honorably from military service?	Yes*	No
	Have you ever been convicted of a crime more serious than a minor traffic violation, had adjudication of a crime withheld, or pled nolo contendere to a crime? If yes, please state the type of crime(s) and the circumstances with regard to each, including date of the conviction or plea and the penalty, if any, imposed by the court.	Yes*	No

	Have you ever been arrested for any crime, which has not been adjudicated? If yes, please state the type of crime(s) and the circumstances and current status of each such arrest.		Yes*		No	
7.	Have you ever committed a crime for which you were not arrested or convicted? If yes, please state the circumstances as to each such crime, including the type of crime(s) and the date the crime(s) were committed.		Yes*		No	
8.	Have you ever been arrested for any other crime not disclosed above? If so, please state the type of crime(s) and the circumstances and current status of each such arrest?		Yes*		No	
9.	Have you ever been a defendant in a civil action for an intentional tort, including but not limited to, assault, battery, false imprisonment, rape, etc.? If yes, explain and include a description of the intended tort(s), the date(s) allegedly committed and the disposition of the action(s).		Yes		No	
10. How much time have you lost from work or studies because of personal illness during the last three years not related to a disability or to care for yourself, your spouse, a child or dependent?						
*NOTE: Answering "yes" to any of the above questions may not necessarily disqualify you from the position desired. Each action and explanation will be weighed and considered in relationship to the position for which you are applying. Documents submitted with this application become the property of the hiring entity and will not be returned						
	Date Signature					
		08/	TPS 17/01			