



CANDIDATE NAME \_\_\_\_\_

## APPLICATION FOR PARISH/SCHOOL EMPLOYMENT

Are you eligible for employment in the United States?  YES  NO (Proof of citizenship will be required upon employment)

We consider applicants for all positions without regard to age, race, color, sex, disability, national origin, or other bases protected by law. We shall be non-discriminatory in employment practices in accordance to applicable federal and state laws insofar as they are consistent with the beliefs, official teachings, and Doctrine of the Catholic Church. The employer may give preference to a Catholic applicant.

Applicants may request any needed accommodation to complete the application process.

**POSITION APPLYING FOR**

**SEND APPLICATION TO THE PARISH/SCHOOL YOU ARE APPLYING**

<b>PARISH / SCHOOL NAME:</b>		<b>DATE:</b>	
<b>ADDRESS:</b>	<b>CITY:</b>	<b>ZIP:</b>	

**PERSONAL INFORMATION**

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE INITIAL:</b>	<b>EMAIL:</b>
<b>PERMANENT ADDRESS:</b>		<b>CITY:</b>	
<b>STATE:</b>	<b>ZIP:</b>	<b>CELL PHONE:</b>	<b>WORK PHONE:</b>
For the purposes of verifying past employment or other information on this application, please list other names used:			

DATE AVAILABLE FOR EMPLOYMENT	SALARY DESIRED	ARE YOU UNDER CONTRACT?

HAVE YOU BEEN EMPLOYED BY A PARISH/SCHOOL IN THE ARCHDIOCESE OF MILWAUKEE IN THE PAST?  YES  NO

**IF YES, LOCATION(S):**

CANDIDATE NAME \_\_\_\_\_

**EDUCATION**

COLLEGE / UNIVERSITY NAME & LOCATION (City & State)	NUMBER OF CREDITS:	DEGREE EARNED

**CERTIFICATION**

TYPE OF CERTIFICATE	CERTIFYING BODY	DATE ISSUED – DATE EXPIRES	OTHER

**EMPLOYMENT (START WITH MOST RECENT)**

DATES		ORGANIZATION (Address/City/State)	POSITION TITLE	SUPERVISOR'S NAME	REASON FOR LEAVING
FROM	TO				

MAY WE CONTACT CURRENT OR PAST EMPLOYERS?  YES  NO

**PROFESSIONAL ACTIVITIES**

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CANDIDATE NAME \_\_\_\_\_

**REFERENCES** (GIVE RECENT PROFESSIONAL REFERENCES)

NAME _____	WORKING RELATIONSHIP _____
ADDRESS _____	PHONE NUMBER _____
HOW DO YOU KNOW PERSON? _____	HOW LONG KNOWN PERSON? _____

NAME _____	WORKING RELATIONSHIP _____
ADDRESS _____	PHONE NUMBER _____
HOW DO YOU KNOW PERSON? _____	HOW LONG KNOWN PERSON? _____

NAME _____	WORKING RELATIONSHIP _____
ADDRESS _____	PHONE NUMBER _____
HOW DO YOU KNOW PERSON? _____	HOW LONG KNOWN PERSON? _____

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO NOLO CONTENDERE TO, AN OFFENSE (INCLUDING FELONY, MISDEMEANOR OR MUNICIPAL ORDINANCE), OR ARE YOU NOW SUBJECT TO A PENDING CRIMINAL CHARGE?  YES  NO

IF YES, DESCRIBE IN DETAIL (E.G. DATE; CONVICTION OR OFFENSE; LOCATION OF COURT)

  
  
  
  
  
  
  
  
  
  

(CONVICTIONS OR PENDING CHARGES WILL BE CONSIDERED IN THE HIRING PROCESS ONLY TO THE EXTENT THEY SUBSTANTIALLY RELATE TO THE CIRCUMSTANCES OF EMPLOYMENT SOUGHT BY THE APPLICANT.)

**DECLARATION**

-I hereby declare the information provided by me in this Application for Employment is true, correct and complete.

-I hereby authorize the employer, schools, and persons named on this application to give any information requested regarding my employability, character, and qualifications, and release them from all liability for any damages for issuing this information.

-I understand and agree that any misrepresentation, false statement, or omissions by me in this application will be sufficient reason for rejecting my application or for dismissal at any time during my employment without liability to my employer and/or the Archdiocese of Milwaukee.

-I understand that, consistent with State regulation, I may be required to submit to, or provide evidence of, tuberculin testing and/or chest X-rays.

-By signing my name below, I understand that nothing contained in this application or in the interview process is intended to create an employment contract.

By checking this box I have read and understand the above statements.

<b>SIGNATURE</b>	<b>DATE</b>
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

REVISED 5/18