



Diocese of Joliet Application for Employment

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. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Director of Diocesan Human Resources.

PERSONAL

PLEASE TYPE OR PRINT CLEARLY

POSITION(S) APPLIED FOR:		DATE OF APPLICATION: / /	
HOW DID YOU LEARN ABOUT US? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Service <input type="checkbox"/> Inquiry <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other Please specify:			
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
ADDRESS:	CITY:	STATE:	ZIP: -
TELEPHONE:	MOBILE PHONE:	PAGER:	
EMAIL :		SOCIAL SECURITY NUM: - -	

- Are you legally eligible for employment in this country? Yes No
- If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No
- Have you ever applied with us before? Yes No
- Have you ever worked with us before? Yes No
 (If Yes, give date: / / and position:)
- Do you have any friends or relatives that work with us? Yes No
 (If Yes, give name: relationship: and position:)
- Are you currently employed? Yes No
- May we contact your employer?..... Yes No
- Are you currently in "lay-off" status and subject to recall?..... Yes No
- Type of employment desired: Full Time Part Time Temporary Seasonal Educational Co-op
- Date available to begin work: / /
- Are you able to meet the attendance requirements of position? Yes No
- Have you been convicted of a crime in the last seven (7) years? Yes No
 (If Yes, please explain:)
conviction will not necessarily be a bar to employment

WORK EXPERIENCE

(START WITH YOUR PRESENT OR LAST EMPLOYER.)

#1: FROM (MM/YYYY): /	TO (MM/YYYY): /	JOB TITLE:
EMPLOYER:	EMPLOYER TELEPHONE:	
EMPLOYER ADDRESS:		
IMMEDIATE SUPERVISOR & TITLE:		
NATURE OF WORK PERFORMED & RESPONSIBILITIES:		
RATE / SALARY:		
START: \$	PER:	FINAL: \$ PER:
REASON FOR LEAVING:		

#2: FROM (MM/YYYY): /	TO (MM/YYYY): /	JOB TITLE:
EMPLOYER:	EMPLOYER TELEPHONE:	
EMPLOYER ADDRESS:		
IMMEDIATE SUPERVISOR & TITLE:		
NATURE OF WORK PERFORMED & RESPONSIBILITIES:		
RATE / SALARY:		
START: \$	PER:	FINAL: \$ PER:
REASON FOR LEAVING:		

#3: FROM (MM/YYYY):	TO (MM/YYYY):	JOB TITLE:	
/	/		
EMPLOYER:		EMPLOYER TELEPHONE:	
EMPLOYER ADDRESS:			
IMMEDIATE SUPERVISOR & TITLE:			
NATURE OF WORK PERFORMED & RESPONSIBILITIES:			
RATE / SALARY:			
START: \$	PER:	FINAL: \$	PER:
REASON FOR LEAVING:			

#4: FROM (MM/YYYY):	TO (MM/YYYY):	JOB TITLE:	
/	/		
EMPLOYER:		EMPLOYER TELEPHONE:	
EMPLOYER ADDRESS:			
IMMEDIATE SUPERVISOR & TITLE:			
NATURE OF WORK PERFORMED & RESPONSIBILITIES:			
RATE / SALARY:			
START: \$	PER:	FINAL: \$	PER:
REASON FOR LEAVING:			

ENTER EXPLANATION OF ANY GAPS IN EMPLOYMENT THAT DO NOT PERTAIN TO PREGNANCY, CHILD CARE OR DISABILITY:
LIST BY NUMBER AND EXPLAIN ANY EMPLOYERS YOU WISH NOT TO BE CONTACTED:

EDUCATION

SCHOOL TYPE	NAME AND ADDRESS	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DIPLOMA / DEGREE
HIGH SCHOOL				
UNDERGRADUATE				
GRADUATE/ PROFESSIONAL				
OTHER/SPECIFY				

PERSONAL REFERENCES

DO NOT INCLUDE PAST SUPERVISORS OR FAMILY MEMBERS

NAME AND ADDRESS	OCCUPATION / YEARS KNOWN	TELEPHONE NUMBER(S)

ADDITIONAL INFORMATION

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP OR SKILLS:
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SPECIALIZED SKILLS

<input type="checkbox"/> Terminal <input type="checkbox"/> PC-Mac <input type="checkbox"/> Word Processing <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Typewriter (wpm) <input type="checkbox"/> Shorthand (wpm)
OTHER JOB RELATED COMPUTER PROGRAMS:
OTHER JOB RELATED MACHINES OR MACHINERY:

OTHER PERTINENT INFORMATION

LIST ANY OTHER INFORMATION NOT COVERED TO BE CONSIDERED IN HIRING DECISION:

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall be considered active for a period of time not to exceed ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Diocese of Joliet.

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 Diocese of Joliet.

SIGNATURE OF APPLICANT:

DATE:

(please sign in blue or black ink)

OFFICE USE ONLY – POST EMPLOYMENT INFORMATION

References checked by: _____ #1: ___/___/___ #2: ___/___/___ #3: ___/___/___ #4: ___/___/___

Personnel factual notes: _____

Hired: Yes No Starting Date: ___/___/___ Exempt Non-Exempt Grade: ___ Rate: ___

Agency: _____ Full Time Part Time Seasonal Temp Ed-Coop

Info Sheet I-9 I-W4 W4 New Hire Rept. Benefits Lay Retire Sexual Harasmt

Vol & Child Direct Dep Mission PCN Benefit Form Mark Boyer Exit

In case of emergency notify:

Name and Address

Relationship

Telephone Number(s)