

ARCHDIOCESE OF SEATTLE

Application for Employment

Holy Disciples Parish Our Lady of Good Counsel

10425 187th Street E
Puyallup, WA 98374
Tel: 1/253.875.6630



POSITION APPLIED FOR _____ DATE _____

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

E-MAIL ADDRESS _____

HOME TELEPHONE NUMBER _____ BUSINESS TELEPHONE NUMBER _____

MESSAGE TELEPHONE NUMBER _____ ARE YOU AT LEAST 18 YEARS OLD? YES NO

HAVE YOU EVER WORKED FOR A PARISH, SCHOOL, CHANCERY OR AGENCY OF THE ARCHDIOCESE OF SEATTLE, OR CATHOLIC COMMUNITY SERVICES? YES NO IF YES, PLEASE INDICATE WHERE: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (Proof of employment eligibility will be required upon employment) YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR BEEN RELEASED FROM INCARCERATION FOR A FELONY WITHIN THE LAST 10 YEARS? YES NO

IF YES, PLEASE EXPLAIN: (Please note that an affirmative response to the above question will not necessarily bar you from employment.)

HAVE YOU EVER BEEN ACCUSED, ARRESTED, CHARGED, CONVICTED, OR SUBJECTED TO ADMINISTRATIVE/EMPLOYMENT ACTIONS TAKEN AS A RESULT OF ANY ALLEGATION OF CHILD ABUSE OR NEGLECT? YES NO

IF YES, PLEASE EXPLAIN: (Please note that an affirmative response to the above question will not necessarily bar you from employment.)

HOW DID YOU HEAR OF THIS OPENING? _____

Please list specific newspaper, etc.

EDUCATION/SKILLS:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Accommodations for persons with disabilities will be provided unless the accommodation would place an undue hardship on the employer. Persons needing accommodation should notify the Archdiocese.

OTHER TRAINING/EDUCATION/SKILLS:

PREVIOUS EXPERIENCE:

Please list name, address, and phone number of previous employment, military, or volunteer experience with most recent experience first.

1. Name of Organization _____ From _____ To _____ Status: ___ Volunteer ___ Full Time paid ___ Part Time paid Current/Ending salary _____ Address _____ Phone number _____ Supervisor _____ Job Title _____ Duties and responsibilities of position _____
Reason for Leaving _____ Name known by (if different than present name) _____

2. Name of Organization _____ From _____ To _____

Status: ___ Volunteer ___ Full Time paid ___ Part Time paid Current/Ending salary _____

Address _____

Phone number _____ Supervisor _____

Job Title _____

Duties and responsibilities of position _____

Reason for Leaving _____

Name known by (if different than present name) _____

3. Name of Organization _____ From _____ To _____

Status: ___ Volunteer ___ Full Time paid ___ Part Time paid Current/Ending salary _____

Address _____

Phone number _____ Supervisor _____

Job Title _____

Duties and responsibilities of position _____

Reason for Leaving _____

Name known by (if different than present name) _____

4. Name of Organization _____ From _____ To _____

Status: ___ Volunteer ___ Full Time paid ___ Part Time paid Current/Ending salary _____

Address _____

Phone number _____ Supervisor _____

Job Title _____

Duties and responsibilities of position _____

Reason for Leaving _____

Name known by (if different than present name) _____

We may contact the employers listed above unless you indicate those you do not want us to contact:

Name of employer(s) _____

Reason: _____

REFERENCES:

Give name, address and telephone number of three references who are not related to you and are not previous supervisors:

- 1. _____
- 2. _____
- 3. _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the Application of Employment are true and complete to the best of my knowledge. I understand that if I am employed false or misleading statements given on my application or during my interview(s) may result in termination. I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose. I understand that the Archdiocese of Seattle will conduct a pre-employment screening including a criminal background check. If I am hired my employment is conditional upon receipt of a satisfactory report from this screening.

I understand that any offer of a position is subject to existing Archdiocesan policies & guidelines which cannot be superceded except by written offer from a qualified representative of the Archdiocese.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

DATE _____ APPLICANT'S SIGNATURE _____