



## Employment

Please list all periods of employment, beginning with the most recent. Use additional pages if necessary.

Employer \_\_\_\_\_ Starting Date \_\_\_\_\_  
City / State \_\_\_\_\_ Ending Date \_\_\_\_\_  
Telephone \_\_\_\_\_ Salary \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May We Contact?  Yes  No

Employer \_\_\_\_\_ Starting Date \_\_\_\_\_  
City / State \_\_\_\_\_ Ending Date \_\_\_\_\_  
Telephone \_\_\_\_\_ Salary \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May We Contact?  Yes  No

Employer \_\_\_\_\_ Starting Date \_\_\_\_\_  
City / State \_\_\_\_\_ Ending Date \_\_\_\_\_  
Telephone \_\_\_\_\_ Salary \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May We Contact?  Yes  No

Employer \_\_\_\_\_ Starting Date \_\_\_\_\_  
City / State \_\_\_\_\_ Ending Date \_\_\_\_\_  
Telephone \_\_\_\_\_ Salary \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May We Contact?  Yes  No

**Education**

Education	School Name	City and State	Degree Completed	Major	Grade Point Average
High School					
College					
Graduate					
Trade / Business					
Other					

List any professional licenses or certificates: \_\_\_\_\_

Please list three professional references who have direct knowledge of your work abilities. Do not include family members or friends.

Name	Address	City / State	Telephone	Position

**Military Service**

Previous Service in U.S. Military \_\_\_\_\_

Dates of Service From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_

Reserve Status \_\_\_\_\_

**Certification**

I hereby certify that all facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete or misleading information on this application or provided in the hiring process which is discovered at any time after I am employed may result in my dismissal.

I hereby authorize the Diocese of St. Augustine to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Diocese of St. Augustine all facts, opinions, and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Diocese of St. Augustine, including, but not limited to, any liability for or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and / or the Diocesan medical examination or inquiry, including fingerprinting and/ or drug screen. If then employed, I understand that I will be required to serve a probationary period. I understand that no supervisor or other representative of the Diocese of St. Augustine has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Diocese of St. Augustine to submit an urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so, or unsatisfactory test results, will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand, and agree with all the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date