



Diocese of St. Augustine Application for Employment

| | | | |
|------------------------|--------|-------|-----------|
| Name | _____ | _____ | _____ |
| | Last | First | Middle |
| Address | _____ | _____ | _____ |
| | Street | City | State Zip |
| Phone | _____ | Email | _____ |
| Social Security Number | _____ | | |

| | | | |
|----------------------|-------|-------------------|-------|
| Position Applied For | _____ | Salary Desired | _____ |
| Diocesan Location | _____ | Availability Date | _____ |

The Diocese of St. Augustine and its entities recruit, hire and promote on the basis of merit, competence and qualifications without regard to a candidate's race, color, age, sex, national origin, disability, veteran status, pregnancy status or any other status protected under state or federal law.

Please complete all sections of the Application for Employment. If a question does not apply to you, please mark that section 'NA' (not applicable). Failure to complete every question may result in your application being rejected. Additional information may be attached to this form.

Background

| | | | |
|---|-----------------------|------------------------------|-----------------------------|
| Have you been previously employed within the diocese? If so, when? _____ | Where? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you related to anyone who works for the Diocese? If so, who? _____ | Where? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you 18 years of age or older? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If hired, can you provide proof of right to work in the U.S.? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of a crime other than a minor traffic offense? If so, when? _____ | Type of Offense _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a valid driver's license? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any physical or mental conditions which would limit your ability to perform the work required for the above position? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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: _____

References

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 defamation 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 to urinalysis or other drug screen tests 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