St Patrick Parish Application for Employment

St. Patrick Parish guarantees equal employment opportunities in all its employment policies and practices. These policies and practices are administered without regard to race, color, national origin, age, gender, marital status, political affiliation, veteran status, genetic information, sexual orientation, mental or physical disabilities, or any other characteristic protected by law.

In addition, there are certain "ministerial" positions in the parish, and individuals filling those positions may need to strictly adhere to the foundational teachings of the Catholic faith. Those individuals may be selected according to certain criteria, such as being Catholic, male, unmarried, not part of a civil union, etc., and preference in hiring/retention shall be given to people who meet those criteria. Such preference is allowed under state and federal law and does not constitute illegal discrimination. Because of its mission to proclaim Christ's message through his church, St. Patrick Parish may seek to employ and retain personnel who share this vision. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Parish.

	PERSONAL			
PLEASE TYPE OR PRINT CLEARLY				
POSITION(S) APPLIED FOR:		DATE OF APPLICATI	ION:	
HOW DID YOU LEARN ABOUT ST. P	ATRICK PARISH?			
Advertisement Employment	Service Inquiry	Friend D Relative	Other	
Please specify:				
LAST NAME:	FIRST NAME:	MIDDLE NAME:		
ADDRESS:	CITY:	STATE: 2	ZIP:	
MOBILE PHONE :				
EMAIL:				
Are you leadly cligible for employment i	n this country?			
Are you legally eligible for employment i				
Have you ever applied with us before?			🛛 Yes	🗆 No
Have you ever worked with us before?			🛛 Yes	🛛 No
If Yes, give date: / / a	and position:			
Do you have any friends or relatives tha	t work with us?		🛛 Yes	🛛 No
If Yes, give name:		d position:		
Are you currently employed?			🛛 Yes	🗖 No
May we contact your employer?			🛛 Yes	🗖 No
Type of employment desired: \Box Full T	ime 🛛 Part Time 🔲 Temp	oorary D Seasonal	Educational	Со-ор
Date available to begin work: / /				
Are you able to meet the attendance rec	quirements of position?		🗖 Yes	🗖 No

WORK EXPERIENCE

(START WITH YOUR PRESENT OR LAST EMPLOYER.)

#1: FROM (MM/YYYY):	TO (MM/YYYY):	JOB TITLE:
/	/	
EMPLOYER:		EMPLOYER TELEPHONE:
EMPLOYER ADDRES	SS.	
IMMEDIATE SUPERV	ISOR & TITLE:	
NATURE OF WORK F	PERFORMED & RESPC	NSIBILITIES:
REASON FOR LEAVI	NG:	
PLEASE INDICATE F	ULL OR PART TIME ST	ATUS:

#2:	FROM (MM/YYYY):	TO (MM/YYYY):	JOB TITLE:
	/	/	
	EMPLOYER:		EMPLOYER TELEPHONE:
	EMPLOYER ADDRESS	:	
	IMMEDIATE SUPERVIS	SOR & TITLE:	
	NATURE OF WORK PE	ERFORMED & RESPON	SIBILITIES:
	REASON FOR LEAVIN	G:	
	PLEASE INDICATE FUI	L OR PART TIME STAT	ŪS:

#3: FROM (MM/YY)	'Y): TO (MM/YYYY):	JOB TITLE:
/	/	
EMPLOYER:		EMPLOYER TELEPHONE:
EMPLOYER AD	DRESS:	
IMMEDIATE SU	PERVISOR & TITLE:	
NATURE OF WO	ORK PERFORMED & RES	PONSIBILITIES:
REASON FOR L	EAVING:	
PLEASE INDICA	TE FULL OR PART TIME	STATUS:

#4: FROM (MM/YYYY):	TO (MM/YYYY):	JOB TITLE:
/	/	
EMPLOYER:		EMPLOYER TELEPHONE:
EMPLOYER ADDRE	SS:	
IMMEDIATE SUPER	VISOR & TITLE:	
NATURE OF WORK	PERFORMED & RESPO	ONSIBILITIES:
REASON FOR LEAV	'ING:	
PLEASE INDICATE F	FULL OR PART TIME ST	ATUS:

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				

REFERENCES

DO NOT INCLUDE FAMILY MEMBERS

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

ADDITIONAL INFORMATION

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP OR SKILLS:

SPECIALIZED SKILLS

PC Word Processing	□ Spreadsheet	Typing Skills (wpm) D Shorthand (wpm)
OTHER JOB-RELATED COM	PUTER PROGRAM	1S:		
OTHER JOB-RELATED MACH	HINES OR MACHIN	IERY:		

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 St. Patrick Parish.

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 St. Patrick Parish.

SIGNATURE OF APPLICANT:

DATE:

(Applicant Signature)