

ARCHDIOCESE OF GALVESTON-HOUSTON

Application for Employment

Date: _____

PERSONAL	PRINT NAME _____				SOCIAL SECURITY NO.	
	LAST	FIRST	MIDDLE	MAIDEN	-	-
	ADDRESS _____					
	STREET					
CITY STATE ZIP TELEPHONE						
IN CASE OF EMERGENCY, NOTIFY						
NAME		ADDRESS			TELEPHONE	
JOB INTEREST	POSITION DESIRED			REFERRED BY		
	DATE AVAILABLE			SALARY DESIRED		
	LIST NAMES OF RELATIVES EMPLOYED BY DIOCESE/PARISH _____					
	WERE YOU EVER EMPLOYED BY THE CATHOLIC CHURCH? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	IF YES, WHERE AND WHEN? _____					
HAVE YOU ANY PHYSICAL LIMITATIONS THAT PROHIBIT PERFORMANCE OF WORK FOR WHICH YOU ARE BEING CONSIDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, PLEASE DESCRIBE: _____						
EDUCATION	HIGH SCHOOL	NAME	CITY/LOCATION	DEGREE/MAJOR	YEAR GRAD. CREDIT/HOURS	
	COLLEGE					
	OTHER					
	FOREIGN LANGUAGE			FLUENCY IN SPEAKING <input type="checkbox"/> IN WRITING <input type="checkbox"/>		
	OTHER SPECIALIZED SKILLS					
	HOBBIES					
EXPERIENCE	STATE BRIEFLY ANY SPECIAL EXPERIENCE OR QUALIFICATIONS:					

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES NO IF YES, DESCRIBE:

EMPLOYMENT HISTORY						
PLEASE LIST ALL EMPLOYMENT STARTING WITH PRESENT OR MOST RECENT EMPLOYER						
ACCOUNT FOR ALL PERIODS, INCLUDING UNEMPLOYMENT						
USE ADDITIONAL SHEET IF NECESSARY						
DATES MONTH & YEAR	EMPLOYER'S NAME ADDRESS AND PHONE NO.	1. JOB TITLE 2. DEPARTMENT 3. NAME OF SUPERVISOR	DESCRIBE MAJOR DUTIES	WAGES	REASON FOR LEAVING	
FROM				STARTING \$ PER		
TO				FINAL \$ PER		
FROM				STARTING \$ PER		
TO				FINAL \$ PER		
FROM				STARTING \$ PER		
TO				FINAL \$ PER		

REFERENCES

NAME	OFFICE & RESIDENTIAL PHONE NO.	OCCUPATION

Pre-Employment Understanding

I voluntarily give the Diocese the right to make a thorough investigation of my current and former employment and activities and release from all liability or responsibility all persons, companies or corporations supplying such information.

I agree that the entire contents of this application form, as well as the report of any such investigation, may be used by the Diocese for any administrative purpose.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above mentioned investigation, will be sufficient grounds for immediate discharge.

I further understand that as a condition of employment I will be asked to complete and sign the necessary forms to comply with the Ethical Policies of the Diocese of Galveston-Houston.

Applicant's Signature _____ Date _____

The Diocese of Galveston-Houston is an Equal Opportunity Employer.

INTERVIEW COMMENTS	INTERVIEW COMMENTS
BY _____ DATE _____	BY _____ DATE _____
REC.FOR HIRE	REC.FOR HIRE
POSITION	POSITION

HIRED _____ POSITION _____ SALARY _____ DEPARTMENT _____