

Application for Employment Catholic Diocese of Memphis

PLEASE PRINT

Position (s) Applied For _____ Date of Application ___/___/___

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone () - Social Security Number - -

If you are under 18, can you furnish a permit? ()Yes ()No

Have you ever been employed here, or by any other Catholic Diocese or related entity, and if so, please list and provide a reference from the entity? () Yes () No _____

Are you legally eligible for employment in this country? _____ () Yes () No
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work _____ / ___ / ___

Type of employment desired () Full Time () Part Time () Temporary () Seasonal

Are you able to meet the attendance requirements of the position? _____ () Yes () No

Have you been arrested for or convicted of a felony in the last seven (7) years? () Yes () No (Such arrest or conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

Drivers license number (if required by job) _____ State _____ Expiration ___/___/___

Employment History

List your last employers, assignments or volunteer activities, starting with the most recent, including military experience. If necessary add supplemental sheet to include all job history. (Previous employers will be contacted.)

From	To	Employer	Telephone
			()

Job Title Address

Immediate Supervisor and Title summarize the nature of work performed and job responsibilities

Reason for leaving	Hourly Rate/Salary
	Start \$ Per Final \$ Per

From To Employer Telephone

Job Title Address ()

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Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with us.

Educational Background

<u>Name and Location</u>	<u>Years Completed</u>	<u>Did you Graduate?</u>		<u>Course of Study</u>
High School				
College		Major	Degree	
Other				

References:

Please provide the requested information for persons who are able to provide information about your work habits and who are not family members. You must provide two professional and one personal reference.

<u>Name and Address</u>	<u>Telephone</u>	<u>Years Known</u>
	Area Code () -	
	Area Code () -	
	Area Code () -	

APPLICANT'S CERTIFICATION STATEMENT

READ THE FOLLOWING CAREFULLY AND SIGN BELOW

- I certify that the information contained in this application or made in conjunction with it, is true and correct, and any misrepresentation or omission of any detail will be grounds for disqualification from employment or dismissal, should I be employed, whenever the correct information becomes known to the Employer.
- I understand that this application for employment does not constitute an offer of employment or a contract of employment. I understand that nothing in the oral statements or written statements directed to me during the application, interview, or, should I be employed, during the orientation period or during any subsequent period of employment creates any contract of employment and I have not relied and will not rely to my detriment on any statement that suggests employment is for a definite period. Statements expressed throughout the pre-employment and employment periods make no promise of employment for a definite period. Employment with the Employer is not by contract, express or implied. Furthermore, I understand that I or the Employer, if either chooses, at its will, regardless of the term of my wages or salary, may end the employment relationship at any time.
- I understand that should I be employed I will be engaged in the educational ministry of the Catholic Church and that I will be expected to witness by my behavior, actions, and words a lifestyle consistent with the teachings of the Holy Roman Catholic Church.

4. I agree that, if employed, I will report to management any conduct which I believe constitutes unlawful harassment (based on sex, race, religion, color, national origin, age, or qualified disability) or physical or psychological abuse. I understand that there are no reprisals whatsoever for the good faith reporting of such conduct to management.

5. I understand that the Employer may perform a background check and that in some instances the background check may not be completed until after employment occurs. I understand that if I am employed and if a background check is completed after I am hired, and the results of that background check would have resulted in my disqualification from employment, I may be dismissed from employment after such information becomes known to the Employer. I authorize the Employer to investigate all statements contained in this application and hereby release former employers, the Employer, and any other involved party from any and all liability on account of furnishing such information to the Employer.

6. I understand that should I be employed no policies and procedures of the Employer (in whole or in part), do or will constitute a contract of employment. I understand that if hired, any and all Employer policies and procedures are subject to modification by the Employer with or without notice.

7. I understand that should I be employed I may be required to undergo testing for substance abuse following a workplace accident or injury, upon reasonable suspicion of substance abuse, or if otherwise required for the Employer compliance with law, regulation, or insurance purposes.

8. I understand that should I be employed I will be required to change work locations, job duties and work schedule as the Employer's management, in its sole discretion, may direct.

9. I understand that no representative of the Employer is authorized to change in any way any terms mentioned in this Certification Statement.

By signing below, I certify that I have read and understand the above and submit my application under these conditions.

Signature _____ Date _____

Educator Supplement (For teaching positions only)

What are you applying to teach? (Check all that apply.)

Secondary Teachers Only: Indicate your subject area

- | | |
|---|---|
| <input type="checkbox"/> Pre K
<input type="checkbox"/> K
<input type="checkbox"/> 1 st – 3 rd
<input type="checkbox"/> 4 th – 6 th
<input type="checkbox"/> 7 th – 8 th
<input type="checkbox"/> 9 th – 12 th | <input type="checkbox"/> ELA
<input type="checkbox"/> History/Social Studies
<input type="checkbox"/> Math
<input type="checkbox"/> Science
<input type="checkbox"/> World Language (Please specify : _____)
<input type="checkbox"/> Religion (Must be Catholic)
<input type="checkbox"/> Physical Education |
|---|---|

Licensure

State	License Type	Endorsement	Number	Date Issued	Expiration date

Attach copies of teaching licenses and transcripts of all colleges/universities and graduate schools attended.

Student Teaching Experience

School	Address	Dates	Grade/Subject

Philosophy of Education

Attach a one-page statement of your philosophy of education.