

APPLICATION FOR EMPLOYMENT

As an equal opportunity employer, prospective candidates for employment will receive consideration without regard to race, color, creed, religion, ancestry, age, sex, marital status, national origin, physical or mental disability or handicap, or veteran status. We reserve the right, however, to determine whether and under what circumstances priority should be given to Catholics for certain employment positions. In addition, for Catholic employees, conformance with religious tenets of the Catholic faith is a condition of employment, and all employees are prohibited from performing, teaching, or advocating in the workplace any practices or doctrines which are inconsistent with religious tenets of the Catholic faith.

Name			Date						
Last	First	Middle							
Address	0.00	a:		g	7' 6 1				
Numbe	r & Street	Cit	y	State	Zip Code				
Position Applied for			Salary De	sired					
Full time	ll time Part time Date available			E—Mail Addr:					
Phone Number		Alternate I	Phone Number						
How did you hear about us (Please indicate specific name of source)	? (circle one) friend/family, 1	newspaper, agency, Internet,	employee, other Are you over	18 years old?	Yes No				
	employment in the United Sta will be required to provide do								
Are you currently employe	d full- or part-time at another s	ite in the Diocese (school	l, parish, Chancery)?	Yes	No				
Are you currently under a 1	non-compete and/or a non-disc	losure agreement with a p	orior employer?	Yes					
	ears Completed (circle one) 1 School: No. of Years Co				Yes No				
School(s)		City		Stat	e				
Major		Degrees E	arned						
Other Training or Degree	2S:								
School(s)		City		Stat	e				
Course		Degree and/or	Certificate Earned _						
PROFESSIONAL: Please	e indicate license and association	on information that you b	elieve is applicable to	o the position for wh	nich you are seeking.				
State of Virginia License N	lumber	By Exam		By Endorsemer	nt				
Other State License Number	er	State of Virg	ginia License Applied	for					
License Expiration Date		Professional Associa	ations*						

*You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.

SKILLS:						
Office	Typing	w.p.m.	Shorthand	w.p.m. Die	ctaphone	_
Windows	Word	Excel	Access	WordPerfect	Lotus 123	dBASE
Other Software	e					
Technical						
RECORD OF COM						
Have you ever been	convicted of a crime of	ther than mino	r traffic offense ((including while in Milita	ry Service)?	Yes No
If yes, explain:						
	not necessarily automature of the crime, and re				Lather such factors	as age and date of conviction,
This application	n for employment is v	alid for 30 day	s only. Conside	eration for employment a	after 30 days may	require a new application.
EMPLOYMENT:						
List last employer fi	rst and include U.S. M	ilitary Service.	May we contac	t your present employer?	Yes	No
If any employment v	was under a different n	ame, indicate r	name:			
Telephone		Position		Dates of Emplo	yment: From	Month/Year To Month/Year
Salary	Supervisor			Department		
Duties						
Full-Time Position	(No. of Hours)		Pa	art-Time Position (No. of	Hours)	
Reason for Leaving						
Telephone		Position		Dates of Emplo	yment: From	Month/Year To Month/Year
Salary	Supervisor			Department	-	Monny Ten
Duties						
Full-Time Position	(No. of Hours)		D,	art-Time Position (No. of)	Hours)	

Reason for Leaving

Employer	Address				
Telephone	Position	Dates of Employme	nt: From	Month/Year	To
Salary	Supervisor	Department		Montn/Tear	Montn/Year
Duties					
Full-Time Position (N	Jo. of Hours)	Part-Time Position (No. of Hou	rs)		
Reason for Leaving					
If you wish to describe a	dditional work experience, attach the above informat	ion for each position on a separate piece	e of paper.		
Explain any gaps in w	ork history:				
Have you ever been di	scharged or asked to resign from a job?	Yes	No		
If yes, explain:					
PROFESSIONAL R	EFERENCES	PERSONAL REFERENCES			
Name		Name			
Position		Relationship to Applicant			
Company		_			
Address		Address			
Phone	Home, work or cell?	Phone		ц	ome, work or cell?
	Home, work of cen:			110	one, work or cen:
E-Mail		E-Mail			
Name		Name			
Position		Relationship to Applicant			
Company					
Address		Address			
Phone	Home, work or cell?	Phone		н	ome, work or cell?
	Home, work of cen.			110	sine, work of een:
E-Mail		E-Mail			
statements of any kind, n basis for disciplinary acti the application process at references, or other perso application for employme release the Company from such information.	APPLICANT'S CERT Information that I have supplied in the application pro- nisrepresentations, and/or omissions of fact may resu- on, up to and including dismissal, from subsequent end to discuss the results of such with those responsib- ons who can verify information, and give my consent ent. I release from liability such former employers o on any/all liability of whatever kind and nature which an employment offer be extended to me and accepted inther understand that neither the policies, rules, regu	It in the rejection of my consideration f employment. I, therefore, authorize the le for hiring. I further authorize the Co- for former employers and the contacted r other persons contacted and providing that any time, could result from obtaining that I will fully adhere to the policies,	my knowledge for employment Company to impany to cond persons to regarders information and having	nt or may be consinvestigate all stat tact my former en espond to question to the Company. an employment d	idered sufficient rements supplied in inployers, listed as pertaining to my In addition, I hereby lecision based on
be deemed to constitute t	nther understand that neither the policies, rules, regulate terms of employment contract (actual or implied) in the absence of a written contract to the contrary, ei	. I understand that any employment off	ered is for an	indefinite duration	n and is at will. I

Signature of Applicant

Date _____