

Application for Employment

BISHOP HOGAN MEMORIAL SCHOOL

THIS APPLICATION MUST BE SIGNED AND DATED TO BE A VALID APPLICATION

Please Print						
Type of Work Desired		Have you previously been employed by any entity in the Diocese of Kansas City-St. Joseph? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				
Date Available for Employment?	Employment Interest <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Do you have any relatives employed by the Diocese of Kansas City-St. Joseph? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any hours you are not available? _____ Days _____ Evenings		Can you provide proof that you are legally eligible for employment in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Personal						
Name: First		Middle		Last		Other Last Names Used
Address: Number		Street		City		State Zip Code
Telephone Number (include Area Code)		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Alternate Telephone Number		Email Address				
Education						
School Name & Location	Dates Attended		Major Subject	Graduated	Date Degree Granted or Expected	Diploma/Degree and GPA
	From Year	To Year				
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Source						
Source of Referral		<input type="checkbox"/> College / University		<input type="checkbox"/> Organization / Agency		<input type="checkbox"/> Internet
		<input type="checkbox"/> Diocese Employee		<input type="checkbox"/> Newspaper or Print		<input type="checkbox"/> Job Fair
		<input type="checkbox"/> Job Club		<input type="checkbox"/> Other (specify) _____		

Employment History

Employer	Telephone	Dates Employed		Description of Work
		From	To	
Address				
Job Title		Rate / Salary		
Supervisor		Start	Final	
Reason for Leaving				

May we contact? Yes No Name: _____ Telephone: _____

Employer	Telephone	Dates Employed		Description of Work
		From	To	
Address				
Job Title		Rate / Salary		
Supervisor		Start	Final	
Reason for Leaving				

May we contact? Yes No Name: _____ Telephone: _____

Employer	Telephone	Dates Employed		Description of Work
		From	To	
Address				
Job Title		Rate / Salary		
Supervisor		Start	Final	
Reason for Leaving				

May we contact? Yes No Name: _____ Telephone: _____

Business References

List three business references we may contact who are qualified to evaluate your work abilities.

Name	Position	Company	Phone

To All Applicants for Employment

We appreciate your interest in our organization as a place of employment. Your qualifications will be given careful consideration. It is our policy and practice to make employment decisions without regard to race, religion, gender, national origin, age, veteran status, disability, genetic information, or any other status or condition protected by applicable state or federal law, except where a bonafide occupational qualification applies. We comply with the Drug-Free Workplace Act of 1988 and are a smoke-free work environment.

Agreement

I agree and understand that the employer and/or its agents may investigate my safety performance history, driving record, background investigation, education and employment history to ascertain any and all information pertaining to my record, whether same is of record or not. I release employers and persons named herein from all liability for any and all damages resulting from the furnishing and release of such information.

I understand and agree that this application for employment does not obligate the organization to employ me, and that any interviews granted may be at my expense.

Once a contingent offer of employment has been made, I agree to furnish any additional information and/or submit to oral, written, or physical examinations to complete the employment file.

In consideration of my employment, I agree to conform to the rules and regulations of the employer, including signing an Employee Acknowledgement and the Ethics and Integrity in Ministry Policy. I understand and agree that should I become employed by the organization, I will be an employee at will. My employment can be terminated, with or without notice, at any time, with or without cause, at the option of either the organization or myself.

I understand that any misrepresentation, omission, or false statement by me in this application, in any supplement hereto, or in any other corporate records will be sufficient grounds for not employing me, and may result in dismissal without notice at any time during my employment.

I also acknowledge that the employer may continue to investigate my background if I am hired, and that my employment may be terminated if that investigation determines that I do not meet the organization's hiring criteria.

Applicant Signature

Date