

Employee Information Sheet		
Employee's Legal Name (first, middle, last)	Employee's Preferred Name or Nickname	Social Security Number
<input type="checkbox"/> Chancery <input type="checkbox"/> Parish <input type="checkbox"/> School <input type="checkbox"/> ECC <input type="checkbox"/> Cemeteries Location: _____	Job Classification Old Title: _____ Class/Level _____ New Title: _____ Class/Level _____ Manager: _____ Hrs Worked Weekly _____ # of Months _____ Annual Hrs (mos x weekly hrs x 4.33) _____ Effective Date _____ Currently Employed at Second Diocesan Location? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Location Name _____ TEACHER: Highest Degree _____ Step _____ Major: _____	
New Hire/Rehire Employee Status: <input type="checkbox"/> New Hire (Date of Hire _____) <input type="checkbox"/> Rehire (Year Last Worked _____) Employee Classification: <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp Part-Time <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt		
Personal Street: _____ City, State, Zip: _____ County: _____ Telephone: _____ Secondary Telephone: _____ Email Address: _____ Emergency Contact Name: _____ Emergency Contact Telephone: (H) _____ (W) _____ Birth Date: _____ Primary Race: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian Additional Race(s) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Vietnam Era Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Current Annual/Hourly Salary: _____ New Annual/Hourly Salary: _____ Reason for Increase/Decrease: <input type="checkbox"/> Performance <input type="checkbox"/> Promotion <input type="checkbox"/> Other (Explain) _____ Increase Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No Increase/Decrease Amount: \$ _____ Effective Date: _____ Increase/Decrease Percentages: _____		
Transfer Previous: _____ New: _____	Effective Date: _____/_____/_____	Reason for Change: _____
Leave of Absence <input type="checkbox"/> Date Last Worked or Date Returned to Work: _____ <input type="checkbox"/> Medical <input type="checkbox"/> Family Medical Leave <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Military <input type="checkbox"/> Personal		
Separation <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Attach all supporting documentation) Special Instructions _____		<input type="checkbox"/> Last Day Worked: _____ <input type="checkbox"/> Term Date: _____ <input type="checkbox"/> Term Code: _____
Approval _____ Immediate Supervisor Date Next Level Manager Date Human Resources Date		

Retain a copy for your records.

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 any entity in the Diocese of Kansas City-St. Joseph? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any days or hours you are not available?		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	Graduated	Major			GPA
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
Address		From	
Job Title			
Supervisor		To	
Reason for Leaving			

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

Employer	Telephone	Dates Employed	Description of Work
Address		From	
Job Title			
Supervisor		To	
Reason for Leaving			

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

Employer	Telephone	Dates Employed	Description of Work
Address		From	
Job Title			
Supervisor		To	
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