CATHOLIC COMMUNITY SERVICES

EMPLOYMENT APPLICATION

We are an equal opportunity employer and consider all applicants without regard to race, color, ethnicity, religion, national origin, age, disability or handicap, genetic information, veteran status, or any other characteristic protected by applicable law.

All statements and questions must be completed, even if resume is submitted.

DATE OF APPLICATION: _____

APPLICANT INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____
Address (Number and Street): _____
City: _____ State: _____ Zip Code: _____
Cell Phone Number: _____ Home Phone Number: _____ E-Mail: _____

POSITION INFORMATION:

Positions applied for:
1) _____ Position Number: _____
2) _____ Position Number: _____
3) _____ Position Number: _____

Are you interested in working? ☐ Full Time ☐ Part Time ☐ Occasional ☐ Pool

I am available to work the following shifts (check all that apply):
☐ Any or all ☐ Day ☐ Evening ☐ Overnight
☐ Weekdays ☐ Weekends ☐ Rotating Shifts (if required)

If required, are you available for travel in the five county area? ☐ Yes ☐ No

Date available for employment: _____ Desired Salary _____

CLEARANCES:

Alias/Previously used name(s) (Please Print): _____

If offered employment, can you submit photographic proof of identity and verification of your legal right to work in the United States: ☐ Yes ☐ No

Have you ever been employed by any organization affiliated with the Archdiocese of Philadelphia? ☐ Yes ☐ No
If yes, state name of organization: _____

REFERRAL:

☐ Newspaper Ad – Specify: _____
☐ Website – Specify: _____
☐ Current Employee – Name: _____
☐ Other – Specify: _____

EDUCATION:
(Must complete all information, even if resume is provided.)

High School: _____
City: _____ State: _____ ☐ Diploma ☐ GED

Trade School or Other: _____ Major: _____
City: _____ State: _____
Degree: _____ Number of Credits Earned: _____ Year Degree Attained: _____

College: _____ Major: _____
City: _____ State: _____
Degree: _____ Number of Credits Earned: _____ Year Degree Attained: _____

Graduate School: _____ Major: _____
City: _____ State: _____
Degree: _____ Number of Credits Earned: _____ Year Degree Attained: _____

PROFESSIONAL LICENSE:

Professional License Information
Reg./License No. _____ State: _____ Expiration Date: _____

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Reg./License No. _____ State: _____ Expiration Date: _____

EMPLOYMENT EXPERIENCE (List all positions in chronological order with the most recent employment first. Previous employment will be verified.)

EMPLOYMENT EXPERIENCE

Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or any other protected status.

Employer: ______
Street Address: ______
City: ______ State: ______ Zip Code: ______
Phone Number: ______ Fax Number: ______
Dates Employed: From: ______ To: ______ ☐ Full Time ☐ Part Time
Number of Hours Worked/Week: ______
Job Title: ______
Supervisor (must list Supervisor's full name): ______
Describe Work Performed: ______
Reason for Leaving: ______

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Number of Hours Worked/Week: ______
Job Title: ______
Supervisor (must list Supervisor's full name): ______
Describe Work Performed: ______
Reason for Leaving:

Explain any **gaps** in your recent work history greater than one (1) month _____

May we contact your present employer(s)? ☐ Yes ☐ No
If currently or previously employed by other Community Umbrella Agency (s) (CUA), we are required to contact that agency for reference.
Do you wish us to proceed? ☐ Yes ☐ No

Have you ever been discharged or asked to resign from a job? ☐ Yes ☐ No
If yes, please explain: _____

OTHER QUALIFICATIONS

Describe any specialized training, apprenticeship, or other skills you feel are relevant to the position for which you have applied: _____

List any Software Packages you can effectively operate: _____

List any Professional attainments (Awards, Publications, Professional Societies, etc.) you have received relevant to the position for which you have applied: _____

REFERENCES: (three references)

List professional/personal references that are ***not family related*** and other than those previously listed in employment history. At least two must be professional.

REFERENCE

☐ Personal ☐ Professional

Name: _____
Address _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____ Years Known: _____

REFERENCE

☐ Personal ☐ Professional

Name: _____
Address _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____ Years Known: _____

REFERENCE

☐ Personal ☐ Professional

Name: _____
Address _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____ Years Known: _____

CATHOLIC COMMUNITY SERVICES

Employment Application Insert

1. Have you resided in a state other than Pennsylvania within the past five years? ☐ Yes ☐ No
   If yes, name each state and dates of residence: _____

2. If you are under 18 years of age, can you furnish a work permit? ☐ Yes ☐ No
   A. Are you 21 years of age or older? ☐ Yes ☐ No
   B. Are you 25 years of age or older? ☐ Yes ☐ No

3. **Disclosure of Relationships to Current Employees of this Facility:**
   Are any members of your family or other relatives [i.e., a spouse, parent, child, sibling, in-law, aunt, uncle, niece, nephew, cousin, grandparent, grandchild or significant other], or non-family members of your household currently employed at this facility? ☐ Yes ☐ No

   If yes, list their name(s) _____

5. **Answers below will not prohibit hiring for non-driving positions.**
   (Not all positions require driver's license)

   A. Have you been driving in the United States for the last (5) five consecutive years with a valid driver's license? ☐ Yes ☐ No

   B. Do you currently have a valid driver's license? ☐ Yes ☐ No
      State: _____ Expiration Date: _____

   C. Has your license ever been suspended or revoked? ☐ Yes ☐ No
      If yes, reason/details: _____

   D. Have you been involved in any motor vehicle accidents in the past three years? ☐ Yes ☐ No
      If yes, provide details: _____

   E. Have you plead guilty or 'no contest' or been convicted of any moving traffic violations within the past three years? ☐ Yes ☐ No
      If yes, provide details: _____

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION:

I hereby certify that all of the information provided by me in this application and in any other documents submitted for consideration for employment at this organization are true, correct, accurate, and complete to the best of my knowledge and belief. I understand that any misrepresentations, deception, false statement, or omission of facts in this application or in any other documents submitted by me will be cause for denial of employment or, if already employed, for immediate termination of employment regardless of time timing or circumstances of discovery. **I understand that this application and any other documents are not contracts of employment and that if I am employer, I will be an at-will employee. I understand that at-will employment means that either this organization or I have the right to end my employment at any time, for any or no reason, and with or without prior notice. I also understand that no representative of this organization has any authority to offer or to enter into any agreement for any specified period of time or to make any agreement contrary to the foregoing.** I further understand that any offer of employment is contingent upon receipt of a current and acceptable physical exam/physician's statement and Tuberculin Skin Test(s), as required by this organization.

I hereby authorize this organization to communicate with any and all schools, former employers, references, and any others with whom this organization desires to check. I agree to hold this organization and all other such persons harmless with regard to any information they may give or receive about me.

In consideration for possible employment at this organization, if employed, I agree to conform to the rules, regulations, and polices of employment of Catholic Community Services and all affiliated Archdiocesan organization at all time.

Signature of Applicant _____ Date ____/____/____