

EMPLOYMENT HISTORY

| | | | |
|---------------------------|----------------------------------|--------|---|
| 1. | NAME OF LAST OR PRESENT EMPLOYER | | DESCRIPTION OF DUTIES AND RESPONSIBILITIES |
| | ADDRESS | | CITY, STATE, ZIP |
| | MONTH/YEAR STARTED | | MONTH/YEAR LEFT |
| | EARNINGS AT START | AT END | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |
| SUPERVISOR'S NAME & TITLE | | PHONE | REASON FOR LEAVING |
| | | | MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. | EMPLOYER BEFORE ABOVE | | DESCRIPTION OF DUTIES AND RESPONSIBILITIES |
| | ADDRESS | | CITY, STATE, ZIP |
| | MONTH/YEAR STARTED | | MONTH/YEAR LEFT |
| | EARNINGS AT START | AT END | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |
| SUPERVISOR'S NAME & TITLE | | PHONE | REASON FOR LEAVING |
| | | | MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. | EMPLOYER BEFORE ABOVE | | DESCRIPTION OF DUTIES AND RESPONSIBILITIES |
| | ADDRESS | | CITY, STATE, ZIP |
| | MONTH/YEAR STARTED | | MONTH/YEAR LEFT |
| | EARNINGS AT START | AT END | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |
| SUPERVISOR'S NAME & TITLE | | PHONE | REASON FOR LEAVING |
| | | | MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. | EMPLOYER BEFORE ABOVE | | DESCRIPTION OF DUTIES AND RESPONSIBILITIES |
| | ADDRESS | | CITY, STATE, ZIP |
| | MONTH/YEAR STARTED | | MONTH/YEAR LEFT |
| | EARNINGS AT START | AT END | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |
| SUPERVISOR'S NAME & TITLE | | PHONE | REASON FOR LEAVING |
| | | | MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO |

PLEASE COMMENT ON ANY LAPSES IN EMPLOYMENT: _____

REFERENCES (LIST AT LEAST 3 FORMER MANAGERS/SUPERVIORS)

| NAME | ADDRESS, PHONE NO. & EMAIL ADDRESS | NAME OF BUSINESS | LENGTH OF TIME REPORTED TO |
|------|------------------------------------|------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

EDUCATION

| SCHOOL | NAME AND ADDRESS OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE? | AREA OF STUDY/DIPLOMA OR DEGREE |
|--------------------------------------|----------------------------|-----------------------|-------------------|---------------------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| COLLEGE | | | | |
| TECHNICAL/VOCA-TIONAL SCHOOL | | | | |
| OTHER TRAINING PERTINENT TO POSITION | | | | |

LICENSING/CERTIFICATION: Do you hold a license/certification, such as CNA, LCSW, LPC, CISW, or other? YES NO

If yes, what license/certification, and from what state. _____
License/Certification State

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S POLICIES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY.

SIGNATURE: _____ DATE: _____

(APPLICATION CONTINUES ON NEXT PAGE)

AUTHORIZATION TO OBTAIN OR RELEASE INFORMATION

I HEREBY AUTHORIZE CATHOLIC CHARITIES TO OBTAIN OR RELEASE INFORMATION PERTAINING TO ME FROM ANY OR ALL OF THE FOLLOWING SOURCES:

- PREVIOUS EMPLOYERS (OR PROSPECTIVE EMPLOYERS)
- SCHOOL, COLLEGE, UNIVERSITY OR OTHER EDUCATIONAL INSTITUTIONS
- LAW ENFORCEMENT AGENCY (CRIMINAL RECORDS CHECK)
- ANY PLACE OF BUSINESS (FOR PURPOSES OF OBTAINING CREDIT OR EMPLOYMENT DATA)
- DEPARTMENT OF TRANSPORTATION – DRIVING RECORD CHECK

I HEREBY RELEASE CATHOLIC CHARITIES, INC. FROM ANY AND ALL LIABILITY OR DAMAGES FOR OBTAINING OR PROVIDING THE INFORMATION REQUESTED.

FULL NAME: _____
SIGNATURE DATE

ADDRESS: _____
STREET CITY STATE ZIP

WITNESS: _____
SIGNATURE DATE

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