

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