



Catholic Charities

Diocese of Joliet

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status. Those applicants requiring reasonable accommodation to the application and /or interview process should notify the Director of Human Resources.

PLEASE PRINT CLEARLY

POSITION(S) APPLIED FOR:	DATE OF APPLICATION ____ / ____ / ____
HOW DID YOU LEARN ABOUT US? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Service <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other Please Specify _____ Are you related, by blood or marriage, to a Catholic Charities' employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is your relative? _____	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number () - _____	Mobile number/Beeper	Email	

Are you age 18 or older? Yes No
 (If you are under 18 years of age, employment is subject to verification that you are minimum legal age.)

Have you ever applied with us before? Yes No Have you ever worked with us before? Yes No

If yes, give date and position. ____ / ____ / ____ _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-op
 (Job Corp., Work Study)

Date available to begin work ____ / ____ / ____ Desired salary _____

Have you ever been convicted of a felony? Yes No

If yes, please explain. _____
CONVICTION WILL **NOT** NECESSARILY BE A DETERENT TO EMPLOYMENT

Have you been convicted of a misdemeanor involving dishonesty? Yes No

If yes, please explain. _____
CONVICTION WILL **NOT** NECESSARILY BE A DETERENT TO EMPLOYMENT

You are not obligated to disclose sealed or expunged records of conviction or arrest.

WORK EXPERIENCE

*Start with your present or last employer.
Describe your paid and non-paid work experience.*

#1	From (M/Y)	To (M/Y)	Employer	Telephone ()
Job Title			Address	City State
Immediate Supervisor & Title			Nature of work performed & responsibilities	
Reason for leaving				
			Rate/Salary	
			Start \$ _____ per _____ Final \$ _____ per _____	

#2	From (M/Y)	To (M/Y)	Employer	Telephone ()
Job Title			Address	City State
Immediate Supervisor & Title			Nature of work performed & responsibilities	
Reason for leaving				
			Rate/Salary	
			Start \$ _____ per _____ Final \$ _____ per _____	

#3	From (M/Y)	To (M/Y)	Employer	Telephone ()
Job Title			Address	City State
Immediate Supervisor & Title			Nature of work performed & responsibilities	
Reason for leaving				
			Rate/Salary	
			Start \$ _____ per _____ Final \$ _____ per _____	

#4	From (M/Y)	To (M/Y)	Employer	Telephone ()
Job Title			Address	City State
Immediate Supervisor & Title			Nature of work performed & responsibilities	
Reason for leaving				
			Rate/Salary	
			Start \$ _____ per _____ Final \$ _____ per _____	

In case of emergency, notify:

Name: _____ Address: _____

Relationship: _____ Home Telephone Number: _____

Work Telephone Number: _____

Other Numbers (please specify): _____

APPLICANT STATEMENT

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith.

I understand that misrepresentation or omission of facts in this application is cause for cancellation of this application and/or termination from Catholic Charities, Diocese of Joliet. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

I authorize Catholic Charities, Diocese of Joliet to investigate all references and previous employers, to secure additional information about me. I release from liability Catholic Charities, Diocese of Joliet and its representatives from seeking such information, and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant

Date

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