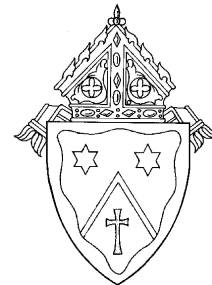


# DIOCESE OF GAYLORD

## APPLICATION FOR EMPLOYMENT

611 W. North Street, Gaylord, MI 49735

Fax 989.705.3589



### PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? Yes No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES \_\_\_\_\_ NO \_\_\_\_\_ UNCERTAIN \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

PARISH / SCHOOL / OTHER \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED FOR EMPLOYMENT  
WITHIN THIS DIOCESE BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

ARE YOU ABLE TO PERFORM THE ESSENTIAL DUTIES FOR YOUR DESIRED POSITION? YES \_\_\_\_\_ NO \_\_\_\_\_ UNCERTAIN \_\_\_\_\_

| EDUCATION                                      | NAME AND LOCATION OF SCHOOL | HOW MANY YEARS ATTENDED ? | DID YOU GRADUATE? | SUBJECT/MAJOR |
|--|-----------------------------|---------------------------|-------------------|---------------|
| GRAMMAR SCHOOL                                 |                             |                           |                   |               |
| HIGH SCHOOL                                    |                             |                           |                   |               |
| COLLEGE  |                             |                           |                   |               |
| TRADE, BUSINESS OR<br>CORRESPONDENCE<br>SCHOOL |                             |                           |                   |               |

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

(CONTINUED ON THE OTHER SIDE)

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (RECREATIONAL,CIVIC, ATHLETIC, ETC.)

U.S. MILITARY OR  
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVES

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

| DATE<br>MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|--------|----------|--------------------|
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

|   | NAME | ADDRESS | BUSINESS | YEARS<br>ACQUAINTED |
|---|------|---------|----------|---------------------|
| 1 |      |         |          |                     |
| 2 |      |         |          |                     |
| 3 |      |         |          |                     |

"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.

IF HIRED, I AGREE TO CONFORM TO THE EMPLOYER'S RULES 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 EMPLOYER'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 EMPLOYER.

DATE

APPLICANT SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

ATTACH RESUME'

HIRED: Yes

No

POSITION

EMPLOYING ENTITY:

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED BY:

SIGNATURE