

How were you referred to our organization? _____

Do you have any relatives who are employed by this organization? Yes No

Please specify: _____

Is there any information we would need about your name or use of another name for us to be able to check your work record? Yes No Please specify: _____

Have you ever been convicted of a criminal offense? Yes No

Please specify: _____

Please list any additional information that relates to your ability to perform the job for which you have applied – such as license, certification, training, professional memberships, etc.

REFERENCES (2 Employers + 1 Personal)

	NAME	ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed unless the change is specifically authorized in writing. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that certain positions may require the knowledge of or the practice of the Catholic faith. If this is a requirement, I will be told prior to employment.

I understand that the employer may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____

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