



APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

Catholic Residential Services does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristics protected by law.

Instructions:

please complete this application in full. Only applications that are complete, legible and signed will be considered. Applicants will be tested for illegal drugs. Specific criminal and record checks will be completed.

Personal Information:

Date _____

How did you hear about our agency and job opportunities? _____

Full legal name _____
first middle last

Do you have any aliases? _____

Present address _____
street city state zip

Phone number _____ Mobile or pager# _____ Email address _____

Are you 18 years or older? YES or NO Do you have a valid driver's license? YES or NO

Has your driver's license ever been suspended? YES or NO If YES, when/why? _____

Do you have proof of current automobile insurance? YES or NO

Have you had any accidents during the past three years? YES or NO If YES describe: _____

Do you have any points on your driver's license? YES or NO If YES how many? _____

Are you eligible to work in the united states? ? YES or NO

Have you **ever** been convicted of, or charged with a crime? YES or NO

If YES explain conviction(s), nature of offense(s), state(s) where offense(s) occurred and sentence(s) imposed upon by the court:

Employment Desired:

Position _____ Date you can start _____ Salary desired _____

Are you employed now? YES or NO If so, can we contact your present employer? YES or NO

Have you ever applied to this agency? YES or NO If so, when _____

Check which shift you will accept: evening night weekends rotating Preferred shift hours _____

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

Education:

EDUCATION	NAME OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			

Do you have additional training and/or certifications that should be considered? _____

Do you have: Adult CPR First aid Medication certification

FORMER EMPLOYERS	NAME	ADDRESS, CITY, STATE, ZIP & PHONE #	SALARY	POSITION	REASON FOR LEAVING
FROM					RESIGNATION _____ LAY OFF _____ TERMINATION _____ Explain: _____
TO					
FROM					RESIGNATION _____ LAY OFF _____ TERMINATION _____ Explain: _____
TO					
FROM					RESIGNATION _____ LAY OFF _____ TERMINATION _____ Explain: _____
TO					

Which job did you like the best? _____

What did you like most about this job? _____

Were you ever discharged by any company? YES or NO If YES give name of company(ies) _____

Reason for discharge: _____

References:

Give names of three people not related to you whom you have known at least one year. Two references have to be business references. One should be a personal reference.

NAME	RELATIONSHIP	ADDRESS AND PHONE #	CITY	STATE	ZIP CODE

In case of emergency notify:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

I Certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omission or misrepresentation is 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 agency's rules and regulations. I agree that my employment and compensation can be terminated with or without cause and with or without notice at anytime at either my or the agency'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 agency. I understand that no agency representative, other than the Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for specific period of time, or make any agreement contrary to the forgoing.