



EMPLOYEE APPLICATION

Catholic Charities of the Diocese of Santa Rosa (Catholic Charities) is an Equal Opportunity Employer. Race, color, religion, age, sex, promotion, disability, marital or veteran status, place of national origin, and other categories protected by law. We assure you that your opportunity for employment with Catholic Charities depends solely on your qualifications.

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE ON PAGES 5 & 6.**

DATE: _____

Name _____
LAST FIRST MIDDLE MAIDEN

Present Address _____
NUMBER STREET CITY STATE ZIP

How long _____

Telephone (____) _____ Email Address: _____

If under 18, please list age _____

Day/hours available to work

Position applied for: 1) _____
 2) _____

No Pref _____ Thurs _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? ___ weekends? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL OR PART-TIME
 TEMPORARY

Date available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

APPLICATION FOR EMPLOYMENT

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TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Trade School				
Other (Certificates)				

Do you have professional memberships/licenses? _____

List membership(s)/training(s) _____

Do you have a driver's license? Yes No

Driver's license number _____ State of Issue _____

Which software program(s) are you experienced with? _____

Do you have experience with Microsoft Office Suite? Yes No

What is your level of proficiency, experience with identified software? _____

Are you able to perform the essential functions of the job(s) for which you are applying, either with our without reasonable accommodation? Yes No

If no, describe the functions which cannot be performed.

Please list three professional references other than relatives:

(References will not be contacted prior to consideration for final candidacy)

Name _____

Position _____

Company _____

Address _____

Telephone _____

Name _____

Position _____

Company _____

Address _____

Telephone _____

Name _____

Position _____

Company _____

Address _____

Telephone _____

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How did you find out about this position?

Agency website	Craigslist	Idealist	Linked In	Other website
College website:	Newspaper:	Friend/Relative	Catholic Charities Employee:	

WORK EXPERIENCE Please list all your work experience for the past ten years beginning with your most recent job held. If you were self-employed, give form name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone Number	Name of last supervisor	Employment Dates	
		From	To
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or earned, advancements or promotions while you worked at this company.			
Name of Employer Address City, State, Zip Phone Number	Name of last supervisor	Employment Dates	
		From	To
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or earned, advancements or promotions while you worked at this company.			
Name of Employer Address City, State, Zip Phone Number	Name of last supervisor	Employment Dates	
		From	To
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or earned, advancements or promotions while you worked at this company. (or indicate "see resume" for duties section)			

What Salary Range Are You Seeking? _____

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WORK EXPERIENCE CONTINUED

Name of Employer Address City, State, Zip Phone Number	Name of last supervisor	Employment Dates	
		From	To
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or earned, advancements or promotions while you worked at this company.			

Name of Employer Address City, State, Zip Phone Number	Name of last supervisor	Employment Dates	
		From	To
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or earned, advancements or promotions while you worked at this company.			

PLEASE PRINT ALL

Option: Many of our clients do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Why would you like to work for Catholic Charities? (one paragraph)

Catholic Charities – APPLICATION FOR EMPLOYMENT

Please read carefully, initial each paragraph, and **sign below** (If there is any part of this statement that you do not understand, please ask the interviewer about it, before signing the statement).

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure application shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed since discovery.

_____ I hereby authorize Catholic Charities to thoroughly investigate my references, work records, education, and other matters related to my suitability for employment and, further authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me proper notice of such disclosure. In addition, I hereby release Catholic Charities, my current and former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and Catholic Charities. In addition, I understand and agree that if I am employed; my employment relationship with Catholic Charities is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite and determinable period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Catholic Charities, and that no promises or representatives contrary to forgoing are binding on Catholic Charities unless made in writing and signed jointly by the Executive Director and myself.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Catholic Charities benefits, policies and procedures will not alter our at-will agreement.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and right to work in the United States on my first day of employment.

_____ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my department of Motor Vehicles record and proof of insurance before and offer is extended.

Applicants Signature/Initials: _____ Date: _____



Catholic Charities is considered a Federal contractor or subcontractor in terms of doing business with the US government and other prime contractors. We are required to gather and maintain certain information on individuals who reside in the US who apply for employment with us. To assist Catholic Charities in maintaining accurate employment records and comply with Federal government reporting requirements, your assistance is requested. The information you provide (below) is considered entirely voluntary and confidential, and will be used only for data reporting requirements. If you choose not to self-identify, your employment status will not be affected in any way. We request that you complete this voluntary form and fax it to: **707-575-4910**. You may also return this voluntary form to: **Catholic Charities of the Diocese of Santa Rosa, Human Resources, 987 Airway Court, Santa Rosa, CA. 95402**

Charities of the Diocese of Santa Rosa is an Equal Opportunity employer. We conduct all employment related activities without regard to race, color, sex, religion, age, national origin, disability, veteran status, sexual orientation or any other classification protected by applicable State or Federal employment discrimination laws. Charities of the Diocese of Santa Rosa welcomes diversity in the workplace.

For more information about Charities of the Diocese of Santa Rosa, check out <http://www.srcharities.org>

Please check the categories, which apply to you:

GENDER (SEX) INFORMATION: Male Female

RACE/ETHNIC GROUP INFORMATION:

- Black** (African American) not of Hispanic Origin: All persons having origins in any of the Black racial groups in Africa.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This are includes, for example, China, Japan, Korea, the Phillipine Islands, Samoa and India.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or any other Spanish culture or origin.
- White, not of Hispanic Origin:** All persons having origins in any of the original peoples of North America, North Africa or the Middle East.

VIETNAM VETERAN INFORMATION:

Vietnam Era Veteran: (a) Persons serving ore than 180 days of active military, navy or air service, regardless of where the person was posted geographically, any part of which was during the period of August 5, 1964 to May 7, 1975, and who (1) was discharged or released with other than dishonorable discharge, or (2) was discharged or released form active duty because of a service related disability, if any part was between August 5, 1964 and May 7, 1975; (b) A person who served more than 18o days of active military, navy, or air service. Within the Republic of Vietnam, any part of which was during the period of February 28, 1961, through May 7, 1975, and who (1) was discharged or released with other than dishonorable discharge, or (2) was discharged or released from active duty because of a service related disability, if any part was between August 5, 1964 and May 7, 1975;

Printed Name: _____ Date: _____

Signature: _____