

## **Employment Application**

Drug Free Workplace

Locations			Data				
Location:			Date:				
The Archdiocese of Atlanta believes that you are entitled to without regard to race, color, sex, age, national origin or at the Archdiocese of Atlanta that every employee has the right	ny disability as pr	ovided in the Americans V	Vith Disabilities Act	t. It is also the policy of			
Name and Address							
Last Name :	First: Middle Name/In						
Social Security Number:	Phone:			Alternate Phone:			
Street Address:							
City/State:	FC)2(() 2 (	Zip Code:	Email Address: (optional)				
Additional Information							
Are you 18 years of age or older?  yes no If under 18, do you a have working permit? yes no							
Are you authorize to work in the US?							
Have you ever been convicted of a crime?  yes  no (If yes, give details below. If additional space is needed, a sheet has been provided at end of this application.)							
Have you ever been the subject of an investigation involving sexual abuse?   yes  no (If yes, give details below. If additional space is needed, a sheet has been provided at end of this application.)							
(If you answer yes to the three question		etails on the sheet provide	ed at end of this app	olication)			
Have you ever been terminated from employment?							
Have you ever been asked to resign employment?							
Have you ever been Non-Renewal for an employment contract							
location(s):							
Were you ever employed by the Archdiocese of Atlanta? ☐ yes ☐ no —— If yes, Indicate date(s) and location(s):							
Position Desired:			Salary Desired \$	l:			
Type of employment desired:  Full Time	Part Time		Desired Startin	ng Date:			

203-201 April 2015 (Indicate highest level completed in each category)

Education	High So	chool 9 10 11	. 12	College 1 2	3 4	Graduate	Schoo	11234	Bus	siness or Vocational School 1 2 3 4	
	Year Name Location Course/Major Graduated Diploma/Degree/Certification						Diploma/Degree/Certification				
High School											
College											
Grad. School											
Other (Specify)											
Certifications	Certifications Held: Date: State:					License Type:					
License Number:				Issuing Agency:							
Are you currently in school? ☐ yes ☐ no If, yes, where?											
Employment History											
Name of Emplo	over:	Acco	ınt for aı	ll employment	ın last tei	n years, with	most re	ecent experie	t experience first.  Phone Number:		
Address:	oyer.									r none Number.	
Job Title:				Departr	nent:					Supervisor:	
Major Duties:				Doparti						oupoi viooi:	
Dates of Employment: Start: End: Salary: Start: \$ End: \$											
Reason for Lea											
								May we co	ontac	t employer: 🗌 yes 🔲 no	
Name of Emplo	oyer:									Phone Number:	
Address:											
Job Title:	Job Title: Department: Supervisor:							Supervisor:			
Major Duties:											
Dates of Employment: Start: End: Salary: Start: \$ End: \$					rt: \$ End: \$						
Reason for Leaving:  May we contact employer: ☐ yes ☐ no						t employer: ☐ yes ☐ no					
						Phone Number:					
Name of Employer:  Address:  Phone Number:											
Job Title:				Denartn	nont:					Supervisor:	
Job Title: Department: Supervisor:  Major Duties:											
Dates of Emplo	ovment:	Start:		End:			Salar	v:	Stai	rt: \$ End: \$	
Reason for Lea		- Ctarti									
May we contact employer: ☐ yes ☐ no											
Name of Employer: Phone Number:											
Address:											
Job Title:				Departr	nent:					Supervisor:	
Major Duties:											
Dates of Emplo	oyment:	Start:		End:			Salar	y:	Sta	rt: \$ End: \$	
Reason for Lea	aving:							May we co	ntac	t employer:  yes no	
										. , _,	

203-201 April 2015

Skills and	Qualifications					
Do you speak any foreign languages? ☐ yes ☐ no If	yes, are you fluent in speech and writing? ☐ yes ☐ no					
Please list all foreign languages spoken:						
List computer skills including software expertise:						
List relevant qualifications and accomplishments:						
Why are you interested in working for the Archdiocese of Atla	nta?					
with the you interested in working for the Archaiocese of Atla	na:					
Profession	nal References					
Name:	Phone Number:					
Address:	Title/Position:					
Name:	Phone Number:					
Address:	Title/Position:					
Name:	Phone Number:					
Address:	Title/Position:					
PLEASE READ C	AREFULLY AND SIGN					
I hereby certify that all answers are true to the best of my knowledge and I unless I have indicated to the contrary.	agree to have any of the statements checked by the Archdiocese of Atlanta,					
Should a job offer be made, I understand my continuing employment, if hir without reasonable accommodation, to successfully perform the essential	ed, is contingent upon my being physically, mentally, and medically able, with or functions of my job.					
I understand that this employment application contains nothing intended to be terminated by either party at any time.	lead or create any employment contract with the Archdiocese of Atlanta, and may					
	result from my application will be employment-at-will, and either the Archdiocese of se and/or with or without notice. The only exceptions to this employment-at-will ave written annual contracts signed by the Archdiocese of Atlanta.					
I understand that any misrepresentation or falsification can be grounds for statements or misrepresentations contained herein or in conjunction with the						
pplicant's Signature:	Date:					