	ARCHDIOCESE OF SEATTLE		
		EMPLOYMENT	APPLICATION
0	SITION APPLYING FOR		DATE

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POSITION APPLYING FOR		DATE		
NAME				
Last	First	Middle		
ADDRESS	City	State	Zip Code	
E-MAIL ADDRESS				
HOME TELEPHONE NUMBER	BUSINES	S TELEPHONE NUME	BER	
CELL PHONE NUMBER	ARE YOU AT LE	EAST 18 YEARS OLD?	□ YES □ NO	
SOME POSITIONS, BY NATURE OF THEIR MINISTERIAL PURPOSE, REQUIRE APPLICANTS TO BE CATHOLIC. If the position, as indicated in the minimum requirements for the position, requires such: Are you Catholic? I I YES I I NO To what Catholic parish or faith community do you belong?				
ARE YOU CURRENTLY OR HAVE YOU EVER WORKED FOR A PARISH, SCHOOL, CHANCERY OR AGENCY OF THE ARCHDIOCESE OF SEATTLE, CATHOLIC COMMUNITY SERVICES, OR OTHER CATHOLIC ENTITY, OR ARE AN ORDAINED PRIEST/WOMEN RELIGIOUS? YES NO IF YES, PLEASE INDICATE WHERE:				
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (Proof of employment eligibility will be required upon employment) YES NO				
HOW DID YOU HEAR ABOUT THIS OPENING?		st specific website, newspaper,	etc.	

EDUCATION/SKILLS:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	GRADUATED?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL			1234	□ YES □ NO	
COLLEGE			1234	□ YES □ NO	
COLLEGE			1234	□ YES □ NO	

Persons needing accommodation to complete the application process should notify the parish.

OTHER TRAINING/EDUCATION/SKILLS:

PREVIOUS EXPERIENCE:

Please list name, address, and phone number of previous employment, military, or volunteer experience with most recent experience first.

1. Name of Organization	From	То
Status: Volunteer Full Time paid	Part Time paid	
Address		
Phone number Supervis	SOI	
Job Title		
Duties and responsibilities of position:		
Reason for Leaving		
Name known by (if different than present nam	e)	

2. Name of Organization	From	_ To		
Status: Volunteer Full Time paid Part Tim	ne paid			
Address				
Phone number Supervisor				
Job Title				
Duties and responsibilities of position:				
Reason for Leaving				
Name known by (if different than present name)				

3. Name of Organization	From	То
Status: Volunteer Full Time paid Part Time	paid	
Address		
Phone number Supervisor		
Job Title		
Duties and responsibilities of position:		
Reason for Leaving		
Name known by (if different than present name)		

4. Name of Organization	From	То				
Status: Volunteer Full Time paid Part T	ime paid					
Address						
Phone number Supervisor						
Job Title						
Duties and responsibilities of position:	Duties and responsibilities of position:					
Reason for Leaving						
Name known by (if different than present name)						

We may contact the employers listed above unless you indicate those you do not want us to contact:

Name of employer(s)_				
Reason'				

REFERENCES:

Give name, email address, and telephone number of three references who are not related to you and are not previous supervisors:

1.

2.

3.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the Application of Employment are true and complete to the best of my knowledge. I understand that if I am employed false or misleading statements given on my application or during my interview(s) may result in termination. I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose. I understand that the parish will conduct a pre-employment screening criminal background check. If I am hired my employment is conditional upon receipt of a satisfactory report from this screening.

I understand that any offer of a position is subject to existing parish policies & guidelines which cannot be superseded except by written offer from a qualified representative of the parish.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application, or within 6 months may request this application be used.

Rev. 02/16