

Employment Application

Catholic Charities

2010 Bridge SW, Albuquerque, NM 87105
(505) 724-4670 Fax (505) 724-4682

Catholic Charities is committed to Equal Employment Opportunity. We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, sexual orientation, age, disability, medical condition, marital or veteran status, or any other legally protected status, except where requirements constitute a bona fide occupational qualification necessary to perform the job.

(PLEASE PRINT and COMPLETE IN INK)

Date of Application _____ Full Time Part Time Temporary

Position(s) Applied For _____

Referral Source: Advertisement in _____ Walk-In _____
 Friend _____ Relative _____
 Employment Agency _____ Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER & STREET CITY STATE ZIP CODE

Telephone (_____) _____ Telephone (_____) _____
AREA CODE HOME NUMBER AREA CODE WORK/DAY NUMBER

Social Security Number _____ - _____ - _____ Date available for work _____

Have you applied here before? Yes No If Yes, approximate date _____

Have you worked here before? Yes No If Yes, approximate date(s) _____

Are you employed now? Yes No

May we contact your present employer? Yes No Name _____

Are you legally eligible to work in the United States? Yes No (VERIFICATION REQUIRED UPON HIRE)

Have you ever been convicted of a crime, other than a minor traffic violation? Yes No

If Yes, please explain _____
CONVICTION IS NOT AN ABSOLUTE BAR TO EMPLOYMENT.

Have you ever been asked to resign or been discharged? Yes No If Yes, please explain _____

Do you have any relatives working for us? Yes No Name(s) _____

Employment Experience

List your complete employment record for the past ten (10) years starting with your present or most recent employer. Include U.S. military service, volunteer activities, and self-employed periods. You may omit organization names that indicate race, color, religion, gender, national origin, disability, or other protected status. If more space is needed, use a separate page.

Company Name and Address	Dates of Employment		Position and Duties	Reason for Leaving
NAME	FROM (MO/YR)	TO (MO/YR)		
ADDRESS				
CITY STATE ZIP CODE	BEGINNING/ENDING SALARY			
SUPERVISOR'S NAME and PHONE NUMBER	NAME WORKED UNDER			
NAME	FROM (MO/YR)	TO (MO/YR)		
ADDRESS				
CITY STATE ZIP CODE	BEGINNING/ENDING SALARY			
SUPERVISOR'S NAME and PHONE NUMBER	NAME WORKED UNDER			
NAME	FROM (MO/YR)	TO (MO/YR)		
ADDRESS				
CITY STATE ZIP CODE	BEGINNING/ENDING SALARY			
SUPERVISOR'S NAME and PHONE NUMBER	NAME WORKED UNDER			
NAME	FROM (MO/YR)	TO (MO/YR)		
ADDRESS				
CITY STATE ZIP CODE	BEGINNING/ENDING SALARY			
SUPERVISOR'S NAME and PHONE NUMBER	NAME WORKED UNDER			
NAME	FROM (MO/YR)	TO (MO/YR)		
ADDRESS				
CITY STATE ZIP CODE	BEGINNING/ENDING SALARY			
SUPERVISOR'S NAME and PHONE NUMBER	NAME WORKED UNDER			

Education

TYPE	SCHOOL NAME, CITY, STATE	CIRCLE LAST YEAR COMPLETED				DEGREE/DIPLOMA
HIGH SCHOOL		9	10	11	12	
COLLEGE		1	2	3	4	
OTHER						
OTHER						

Skills

Typing: Yes No WPM _____ 10 Key: Yes No Touch Sight

Computer Experience - List systems, software and level of expertise (Beginner, Intermediate, Expert)

Other Work Related Skills and/or Experience

Professional Associations, Honors Received, Professional Registration/Certification or Licenses Held

State any additional information you feel may be helpful to us in considering your application

Applicant's Statement (read carefully before signing)

I certify that the answers given and statements made by me on this application are true and correct, to the best of my knowledge and belief. I understand that any misleading or false statements, and any omissions or alterations to the wording of this application made by me, may render this application void and if I am employed, this would lead to termination. I consent to all physical and other examinations required as a condition of employment or continued employment by CATHOLIC CHARITIES. I further understand that the company is committed to providing a drug-free work environment for its employees;

I further understand that if I am employed, no oral representations and/or promises will supercede written policies, and that I am required to abide by all policies, rules, and regulations of the company. This employment application does not constitute a contract for employment; my employment may be terminated at any time by either myself or CATHOLIC CHARITIES without cause or reason, and with or without notice.

Consent for Release of Information

In connection with this employment application, I authorize you to obtain information about my employment from my current and any former employers and I consent that they furnish you with any information about my employment, including impressions and opinions about my work and reasons for my termination. If I am employed by you and thereafter seek employment elsewhere, I consent to your furnishing prospective employers with information about my employment, including opinions and impressions about my work and reasons for my termination. I hereby release and discharge you and my current and any former employers from all claims or actions for loss, liability, damage, or expense which I now have, or which may hereafter arise from the making of any inquiries about me, or the furnishing of any information about me in connection with my application for employment. A photocopy or facsimile of this authorization shall be considered as valid as the original.

Signature of Applicant _____ Date _____

Human Resource Use Only (record routing and action)
