



Employment Application

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

Please complete this form in its entirety.

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.

Date of Application _____ Full Time Part Time Temporary

Position(s) Applied For _____

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

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER & STREET CITY STATE ZIP CODE

Email Address _____

Home Phone (_____) _____ Mobil Phone (_____) _____

Social Security Number (only your last four-digits) _____ 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 asked to resign or been discharged? Yes No If Yes, please explain _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Do you have any relatives or friends 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						

Work Experience

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

Other work related skills, experience and/or training: _____

Professional associations, honors received, professional registration/certification or licenses: _____

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

Professional References

Give the names of three persons, not related to you, and whom you have worked with for at least one (1) year.

Name, Title	Address, Phone, Email	Company	Years Acquainted
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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 _____