CATHOLIC LEGACY
FOUNDATION OF ACADIANA
Forever Faithful

1408 Carmel Drive
Lafayette, Louisiana 70501
337-261-5642

APPLICATION FOR EMPLOYMENT

"AT-WILL EMPLOYEES"

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap. There may occasionally be positions vacant which require knowledge of the Catholic faith. In those circumstances, knowledge of the faith becomes a qualification, but it is not always necessary that the applicant be Catholic.

Position Applying for _____

Will this position involve any contact or work with minors? ☐ Yes ☐ No

Date Available for Employment _____ Minimum Acceptable Salary _____

NAME _____

Mailing Address _____

City, State, Zip _____

Primary Contact Number _____ Email Address _____

Are you 18 or over? ☐ Yes ☐ No

Are you available for ☐ Full-time ☐ Part-time ☐ Temporary ☐ Day ☐ Evening ☐ Mon – Fri ☐ Weekends

Do you have a valid driver's license? ☐ Yes ☐ No

Do you have transportation at your disposal? ☐ Yes ☐ No

Have you ever been accused of, or has a civil or criminal complaint ever been filed against you, alleging sexual abuse, other physical abuse, or neglect of a minor by you? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

How did you hear about this position? _____

EDUCATION

Highest grade completed: _____

Do you have a high school diploma? ☐ Yes ☐ No Name of High School _____

General Equivalency Diploma? ☐ Yes ☐ No Location _____

College/University

Name _____ Dates attended _____ to _____

Location _____ Degree _____ Major _____

Graduate School

Name _____ Dates attended _____ to _____

Location _____ Degree _____ Major _____

Other Schools Attended (*business, trade, military*)

Name _____ Dates attended _____ to _____

Location _____ Did you complete the course of study? ☐ Yes ☐ No

If yes, license or certificate received _____

BUSINESS SKILLS

Can you type? ☐ Yes ☐ No WPM _____ Word Processing? ☐ Yes ☐ No

Computer applications used _____

Other business skills (Please specify)

BUSINESS/COMMUNITY ORGANIZATIONS (include only those which might relate to your position)

DO YOU HAVE ANY RELATIVE(S) EMPLOYED BY THE FOUNDATION? ☐ Yes ☐ No

If yes, please list their name(s), relationship to you, and their position with the Foundation:

WORK EXPERIENCE (List present and past employment beginning with your most recent employment. If additional space is needed, please use another sheet of paper and attach.)

Employer Name, Address, and Phone Number	Position	Duties
	From (date)	
	To (date)	
	Salary	
Reason for Leaving		
Supervisor		

May we contact your current employer? ☐ Yes ☐ No

Employer Name, Address, and Phone Number	Position	Duties
	From (date)	
	To (date)	
	Salary	
Reason for Leaving		
Supervisor		

Employer Name, Address, and Phone Number	Position	Duties
	From (date)	
	To (date)	
	Salary	
Reason for Leaving		
Supervisor		

REFERENCES: PERSONAL AND PROFESSIONAL (do not include relatives)

NAME	ADDRESS	PHONE NUMBER

THE FOLLOWING IS AN IMPORTANT PART OF THE APPLICATION AND SHOULD BE READ CAREFULLY

I understand that if employed by the Catholic Legacy Foundation of Acadiana, my acceptance of employment does not constitute an employment contract and no agreement to the contrary (written, stated, or implied) will be recognized. I understand that my employment shall depend on satisfactory replies from my references and former employers. I also understand that I must undergo a criminal background check as a condition for employment. I agree to abide by the rules, policies, and codes of professional conduct of the Foundation and that while the Foundation may have in effect certain personnel procedures and practices, neither the existence of the procedures and practices, nor the Foundation's use or failure to use them, creates any obligation between the Foundation and myself. I understand that my employment is for no definite period and may be terminated with or without notice, at any time, for any reason, or no reason, by the Foundation or by myself. I further understand that hours of work will be flexible when deemed necessary by the Foundation.

I authorize the Foundation to verify any statements made by me on the application and any other Foundation form(s) completed by me. I authorize all persons having knowledge of myself or my records to release such information to the Foundation. I release these companies and persons and the Foundation from any and all liability or claims that may arise by such disclosures or investigations.

I certify that the statements made by me on this application are true, complete, and correct and it is further understood that should any falsification be discovered, it will constitute grounds for non-acceptance or for dismissal.

Applicant's Signature _____ Date _____