

CATHOLIC CHARITIES OF SOUTHEAST TEXAS
2780 EASTEX FREEWAY
BEAUMONT, TX 77703
(409) 924-4400

**APPLICATION FOR
EMPLOYMENT**

Please Print
Use Blue or Black Ink

Catholic Charities of Southeast Texas complies with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, national origin, creed, handicapped condition / disability or other protected classification unless a particular factor is determined to be a bona fide occupational qualification.

Position applied for _____ Date _____

Previously employed by us? _____ When? _____ Position _____

Who referred you to us? _____

If your application is considered favorably, on what date will you be available for work? _____

Salary Requirements: \$ _____ /hour or /year.

PERSONAL

First Name _____ Middle Initial _____ Last Name _____ (Maiden _____)

Address _____

City _____ State _____ Zip Code _____

Email Address _____ Cell _____ Home _____

Do you need any reasonable accommodation in order to perform the essential functions of the position for which you are applying? ____ Yes ____ No If yes, please describe _____

Driver's License: Type _____ State _____ Expires ____ / ____ / ____

License # _____

Are you legally eligible for employment in the USA? _____ Are you over 18 years of age? _____

Have you ever been convicted of violating any law (except traffic violation)? _____ If yes, give date, place, and details: _____

(A conviction record will not necessarily disqualify an applicant from employment. The nature of the offense will be considered in relation to the position applied for).

List any relatives employed by us and your relationship to them: _____

List any friends employed by us _____

U.S. Military Experience and Training: ☐ Yes ☐ No

Branch _____ Date Entered ____ / ____ / ____ Date Discharged ____ / ____ / ____ (attach discharge document)

Final Rank _____ Your Duties _____

Special Training _____

EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Name of Employer			Telephone (May we contact?)		
Address: Street		City	State and Zip Code		
Immediate Supervisor					
Employment Dates (Month and Year)		Title of Position		Starting Salary	Ending Salary
From:		To:		\$	\$
Description of Duties:					
Reason for change or leaving:					

Name of Employer			Telephone		
Address: Street		City	State and Zip Code		
Immediate Supervisor					
Employment Dates (Month and Year)		Title of Position		Starting Salary	Ending Salary
From:		To:		\$	\$
Description of Duties:					
Reason for change or leaving:					

Name of Employer			Telephone		
Address: Street		City	State and Zip Code		
Immediate Supervisor					
Employment Dates (Month and Year)		Title of Position		Starting Salary	Ending Salary
From:		To:		\$	\$
Description of Duties:					
Reason for change or leaving:					

EDUCATION

	NAME/CITY/STATE	GRADUATED?	TYPE OF DIPLOMA AND DEGREE
ELEMENTARY			
HIGH SCHOOL			
COLLEGE			
GRADUATE			
OTHER (Specify)			

Any other specialized training/professional certification? _____

(ATTACH A COPY OF THE ABOVE DIPLOMAS, DEGREES, CERTIFICATES, etc.) _____

Office Equipment Skills: _____

Computer/Word Processing Skills: _____

Foreign Languages - Spoken: _____ Read: _____ Write: _____

PERSONAL REFERENCES

Give name, address, telephone # of 3 references (NOT relatives or former employers)

NAME / ADDRESS	OCCUPATION	YEARS KNOWN	PHONE #
1.			() -
2.			() -
3.			() -

I hereby authorize **CATHOLIC CHARITIES OF SOUTHEAST TEXAS** to which I am applying for employment to contact my previous employers and personal references.

Signature

Date

I hereby certify that the answers to all of the foregoing questions are true, complete, and accurate. I clearly understand that false statements on this application shall be considered sufficient cause for refusal of employment or, if employed, cause for dismissal. I also understand that, if employed, I will be on probation for a specified length of time and that my continued employment will be contingent upon meeting acceptable job performance standards and abiding by the policies and regulations of the entity.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

In connection with my application for employment with **CATHOLIC CHARITIES OF SOUTHEAST TEXAS**, I understand that inquiries will be made concerning my employment background and qualifications, character, education, and other related matters, such as criminal and driving records, which may be relevant to my employment qualifications. Accordingly, I hereby authorize my former employers, schools, criminal justice and other agencies, or persons named as references to release to **CATHOLIC CHARITIES OF SOUTHEAST TEXAS** any and all pertinent information relating to my employment or educational record. This may include, but is not limited to, academic achievements, work habits, Job performance, attendance, skills and/or abilities, disciplinary actions, arrests, and conviction records.

I hereby release any individual, agency, or company, including record custodians, from any and all liability for damages of whatever nature, which may at any time result from compliance with this authorization. I agree that **CATHOLIC CHARITIES OF SOUTHEAST TEXAS** shall not be held liable if the job offer is subsequently withdrawn.

This authorization shall be valid for three months from the date of my signature below.

Applicants' Name: _____ Social Security # -----
(Print)

Current Address: _____
_____ Zip Code _____

Signature

Date