



## Apostles Peter & Paul Catholic Area Faith Community APPLICATION FOR EMPLOYMENT

Thank you for your interest in joining our Apostles Peter & Paul Catholic Area Faith Community. Please review and complete this employment application. Provide all information requested by printing in ink or typing.

Please attach an updated **résumé or curriculum vitae (CV)** to this application.

### GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Cell Phone ( ) -
E-Mail Address		Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### POSITION

Position or Type of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary Desired	Date Available

### EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed: <b>High School, College, Business School, Military (list most recent first)</b>				
Name and Location	Credits Earned		Graduated	Name of Degree Earned or Major/Subject(s) Studied
	Quarterly or Semester Hours	Other (Specify)		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupational License, Certificate or Registration	Number		Where issued	Expiration Date
Occupational License, Certificate or Registration	Number		Where Issued	Expiration Date

# VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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## ADDITIONAL SKILLS/TRAINING/CERTIFICATIONS (that would benefit you in the job you are applying for)

### WORK EXPERIENCE (Most Recent First - Include voluntary work and military experience)

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCES (Include only individuals familiar with your work capabilities. Do not include relatives.)**

Name	Address/Phone Numbers	Years Known/Relationship
1.		
2.		
3.		

**APPLICANT'S CERTIFICATION AGREEMENT**

1. I understand that I may submit a copy of my résumé or curriculum vitae (CV) and that by submitting a copy of my résumé/CV I understand that it will be used only as supporting and additional background information. A résumé/CV is not an authorized substitute for a completed employee application.
2. I understand that if I should choose to complete only a portion of the required employment application that the information submitted may not be enough information from which to base any determination on, and, as a result, my application may not receive full consideration for employment.
3. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information. I also release Apostles Peter & Paul Catholic Area Faith Community from all liability that may result from making background investigations.
4. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
5. I agree, if I am offered and accept a position, to conform to all existing and future workplace rules, regulations, policies, and procedures of Apostles Peter & Paul Catholic Area Faith Community .
6. I understand and agree that Apostles Peter & Paul Catholic Area Faith Community reserves the right to change any wage and hours of work, in its sole discretion, at any time as deemed necessary.
7. I understand the employment relationship will be At-Will, meaning that either party can end the employment relationship at any time, and for any reason, or no reason with or without written notice.
8. Background checks will be conducted on final candidates. All offers of employment at **Apostles Peter & Paul Catholic Area Faith Community** are contingent upon the results of a thorough background check.
9. I understand that any employment offer is contingent upon my providing proof of identity and eligibility to work within the United States to conform with the provisions of the Immigration Reform and Control Act of 1986.
10. I understand that all programs developed as part of my job responsibilities and all materials that I am entitled to receiving as part of my employment are the property of Apostles Peter & Paul Catholic Area Faith Community and that I will not try to copy, use, publish, or replicate a program or any materials for personal use, business ventures, or with other businesses. I understand that if this occurs legal action will ensue against me for violating this term of my employment.

**I have read and reviewed the information in this employment application and the above-mentioned statements of agreement. By signing this employment application, I certify that I understand all the information requested and that I have provided information that is truthful, complete, and accurate.**

**Signature of Applicant:**

\_\_\_\_\_ / \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

**[AFC, PARISH/CHURCH]** provides equal employment opportunity to all qualified persons without regard to race, color, religion, creed, sex, marital status, disability, age, national origin, and status with regard to public assistance, hair texture and protective hairstyles (including braids, locs, and twists), and any other classifications protected by applicable law that do not violate teachings of the Catholic Church, as defined by the Catechism of the Catholic Church.

Employment practices are intended to ensure that all individuals are recruited, hired, assigned, advanced, compensated, and retained based on their qualifications. Exceptions to this nondiscrimination policy may be necessary when based upon a bona fide occupational qualification or in compliance with the teachings of the Catholic Church.