

St. Mary's Catholic School

1019 S. 7th Street

Temple, Texas 76502

(254) 778-8141

APPLICATION FOR EMPLOYMENT

This application must be filled out completely, and signed and dated by the applicant. **FILL OUT ALL SPACES WITH REQUESTED INFORMATION OR ENTER "N/A".** (Insert School Name) is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, age or disability. In cases where a position may require the candidate to be a practicing member of the Catholic Church, a notice will be placed on the job posting announcement on the Diocese of Austin website.

DATE OF APPLICATION: ____ / ____ / ____

NAME:

Last

First

MI

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE: (____) _____
Home

(____) _____
Work

(____) _____
Cell

POSITION for which you are applying: _____

Full Time: ____ Part Time: ____ Temporary: ____ Date available for work: _____

Are you bi-lingual (English/Spanish)? Yes ____ No ____

Level of fluency: **Conversing:** ____ Excellent ____ Good ____ Poor

Writing: ____ Excellent ____ Good ____ Poor

Reading: ____ Excellent ____ Good ____ Poor

Please note other/additional languages spoken: _____

EDUCATION

Circle highest Primary or Secondary grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School Diploma ___ Yes ___ No GED Certificate ___ YES ___ NO

| College or University attended | Hours completed | Graduated yes/no | Degree received |
|--------------------------------|-----------------|------------------|-----------------|
| | | | |
| | | | |

LICENSES / CERTIFICATIONS

| License or Certification | Date expires | Issuing authority | License number |
|--------------------------|--------------|-------------------|----------------|
| | | | |
| | | | |

Describe special training or skills: _____

REFERENCES

Provide two (2) professional references that may be contacted to verify your qualifications.

Name: _____ Years known: _____

Mailing address: _____
 Number Street City Zip Code State

E-mail address: _____ Phone: _____

Name: _____ Years known: _____

Mailing address: _____
 Number Street City Zip Code State

E-mail address: _____ Phone: _____

EMPLOYMENT HISTORY

List **all** places where you have been employed during the last 10 years, starting with the most current and working back. Account for all periods of unemployment longer than 30 days.

Company Name: _____

Mailing Address: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____ May we Contact this Employer: Yes ___ No ___

Dates of Employment: From _____ to _____ Starting Salary \$ _____ Ending Salary \$ _____

Position Title: _____ Supervised others? Yes ___ No ___

Description of Duties: _____

Describe any disciplinary or performance problems: _____

Reason for leaving (or wanting to leave) this company: _____

Company Name: _____

Mailing Address: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____ May we Contact this Employer: Yes ___ No ___

Dates of Employment: From _____ to _____ Starting Salary \$ _____ Ending Salary \$ _____

Position Title: _____ Supervised others? Yes ___ No ___

Description of Duties: _____

Describe any disciplinary or performance problems: _____

Reason for leaving (or wanting to leave) this company: _____

Company Name: _____

Mailing Address: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____ May we Contact this Employer: Yes ___ No ___

Dates of Employment: From _____ to _____ Starting Salary \$ _____ Ending Salary \$ _____

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Company Name: _____

Mailing Address: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____ May we Contact this Employer: Yes ___ No ___

Dates of Employment: From _____ to _____ Starting Salary \$ _____ Ending Salary \$ _____

Position Title: _____ Supervised others? Yes ___ No ___

Description of Duties: _____

Describe any disciplinary or performance problems: _____

Reason for leaving (or wanting to leave) this company: _____

Attach additional pages if more space is needed.

PLEASE READ AND INDICATE YOUR UNDERSTANDING OF THE FOLLOWING STATEMENTS BY SIGNING THE SPACE PROVIDED BELOW.

1. I certify that **all** information provided by me in connection with this application for employment, whether specifically listed on this document or provided by other means, is true and complete, and I understand that any misstatement, falsification, omission or concealment of any information may be grounds for refusal to hire or, if already hired, immediate termination of employment.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States of America.
3. I give permission to the Diocese of Austin to check with any law enforcement or criminal justice agencies for my criminal history or driving record.
4. I understand and accept the condition of employment that requires my professional and personal conduct to conform to the ethical and moral teachings of the Roman Catholic Church.
5. I authorize **any** of the persons or organizations referenced in this application to provide any and all information concerning my previous employment, education or any other information they might have, whether personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information or from any use of this information.

SIGNATURE: No application for employment will be considered unless it has the original handwritten signature of the applicant on the signature line below.

ELECTRONIC SIGNATURE: By checking this box and typing my name on the signature line, I submit this application as if I were signing it in my own handwriting, and agree that the employer may rely on this action as my signature.

Signature of Applicant

____/____/____
Date Signed

How did you learn of this position?

- | | | |
|--|--|---|
| <input type="checkbox"/> Local Newspaper | <input type="checkbox"/> Internet | <input type="checkbox"/> Diocesan website |
| <input type="checkbox"/> Diocesan employee | <input type="checkbox"/> Catholic Spirit | <input type="checkbox"/> Parish Bulletin |
| <input type="checkbox"/> Work in Texas | <input type="checkbox"/> Other _____ | |



Diocese of Austin **Parish or Catholic School** _____

Background Check Consent Form

I understand that as a condition of my consideration for employment with the above named parish or Catholic school in the Diocese of Austin, the diocese may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal, and civil history, personal interviews, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Diocese of Austin's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Diocese of Austin will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making an adverse decision regarding my fitness for employment with the Diocese of Austin. I further understand that the name and address of the reporting agency that produced the report used in making and adverse decision will also be provided.

Furthermore, I authorize the diocese to re-run the background check every three years per diocesan Ethics and Integrity in Ministry policies.

If I am not selected as a candidate for employment by the above named parish or Catholic school, I understand that this document will be shredded once the candidate selected for the position is hired. If I am selected for hire, I will be contacted to provide the following information needed to complete the Consumer Credit Report, and this consent document will become a part of my personnel file.

1. Legal name and any previous names used
2. Date of birth
3. Last 4 digits of social security number
4. Current city/state of residence (and any others during the past ten years)
5. Driver's license number and state of issue
6. Have you ever submitted a Diocese of Austin EIM Application for Ministry? Y N

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Name (print)

Signature

Date



Diocese of Austin

Office of Ethics and Integrity in Ministry

(This entire form to be completed only by the pastor or principal, or the EIM site administrator, not the candidate.)

Background Check Worksheet

Candidate's Information – print legibly, using dark ink

Legal name: _____

All previous names used: _____

City/State of Current Residence: _____

Has candidate lived outside of Texas in the last 10 years? Yes _____ No _____

If yes, what state(s)? _____

Last 4 digits of Social Security Number: _____ Date of Birth: _____

Driver's License: State: _____ Number: _____

Has candidate ever submitted an EIM Application for Ministry for the Diocese of Austin?

Yes _____ No _____

Attention hiring manager, EIM site administrator, pastor, principal or HR Manager:

PLEASE SEND ONLY THE BACKGROUND CHECK WORKSHEET TO THE EIM OFFICE VIA FAX OR MAIL
(do not email – this is confidential information!)

Fax to: 512-949-2529

OR

Mail to: EIM Office 6225 Hwy 290 East, Austin, TX 78723

OR

Call the EIM office at: 512-949-2447

Parish/school name and city: _____

Pastor/Principal name: _____

Pastor/Principal email address: _____

EIM site administrator name: _____

EIM site administrator email address: _____