

# Catholic Charities

Diocese of Rockville Centre

90 Cherry Lane

Hicksville, New York 11801- 6299



Phone (516) 733-7000

Fax (516) 733-7099

## APPLICATION FOR EMPLOYMENT

ALL APPLICANTS WILL BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY, AGE, DISABILITY, SEX, MARITAL STATUS, LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES, CITIZENSHIP, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL OR STATE LAWS. THE AGENCY WILL CONSIDER REASONABLE ACCOMMODATIONS TO THE KNOWN PHYSICAL, MENTAL OR OTHER IMPAIRMENTS OF OTHERWISE QUALIFIED APPLICANTS TO ENABLE THEM TO PARTICIPATE IN OUR APPLICANT SCREENING PROCESS AND TO EFFECTIVELY PERFORM THE ESSENTIAL FUNCTIONS OF THEIR JOBS, UNLESS DOING SO WOULD IMPOSE AN UNDUE FINANCIAL OR OPERATIONAL HARDSHIP.

DATE \_\_\_\_\_

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
Last First Middle Initial

ADDRESS \_\_\_\_\_  
Street City State Zip Code

HOME TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_  
Area Code & Number Area Code & Number

SOCIAL SECURITY NUMBER \_\_\_\_\_

IF UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU EITHER A UNITED STATES CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING? YES \_\_\_\_\_ NO \_\_\_\_\_

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents, which are specified by the Federal Government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two hours after commencement of employment. You will also be required to sign Form I-9 (issued by the Federal Government) verifying, under oath, your employment authorization.

### EMPLOYMENT DESIRED

POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_

FULL TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ HOURLY \_\_\_\_\_ SEASONAL \_\_\_\_\_

Please do not disclose your need for accommodation of religious beliefs or practices.

DATE OF AVAILABILITY \_\_\_\_\_ SALARY REQUIRED \$ \_\_\_\_\_

HOW DID YOU HEAR OF CATHOLIC CHARITIES? \_\_\_\_\_

HAVE YOU EVER APPLIED FOR EMPLOYMENT AT OUR AGENCY? YES \_\_\_\_\_ NO \_\_\_\_\_ WHEN? \_\_\_\_\_

WERE YOU EVER EMPLOYED BY CATHOLIC CHARITIES OR UNDER CONTRACT WITH US?

YES \_\_\_\_\_ NO \_\_\_\_\_ WHEN? \_\_\_\_\_ IN WHAT POSITION? \_\_\_\_\_

**SPECIAL SKILLS:** TYPING SPEED \_\_\_\_\_  
WPM

SHORTHAND SPEED \_\_\_\_\_  
WPM

OTHER: (Include Machines Operated, Computer Skills, etc.) \_\_\_\_\_

**EDUCATION**

HIGHEST GRADE COMPLETED:                      1 2 3 4 5 6 7 8                      9 10 11 12                      1 2 3 4 4+  
Grade School    High School    College

NAME OF LAST SCHOOL ATTENDED \_\_\_\_\_

VOCATIONAL OR TRADE SCHOOL \_\_\_\_\_

COURSE OF STUDY \_\_\_\_\_

LIST DEGREES \_\_\_\_\_

**LICENSING**

STATE ANY OTHER JOB RELATED EDUCATION OR TRAINING THAT YOU MAY HAVE RECEIVED:

\_\_\_\_\_  
\_\_\_\_\_

Licenses & Certificates    Registration Number & State

\_\_\_\_\_  
Date of Expiration

SUSPENSION/REVOCAION:    YES \_\_\_\_\_    NO \_\_\_\_\_  
IF YES, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

IF YOUR EMPLOYMENT OR EDUCATION WAS INTERRUPTED BY SERVICE IN THE ARMED FORCES OF THE UNITED STATES OR ANY STATE MILITIA, PLEASE STATE THE DATES OF SERVICE AND DESCRIBE ANY TRAINING OR EXPERIENCE WHICH YOU RECEIVED THAT WOULD ENABLE YOU TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED.

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME WHICH HAS NOT BEEN EXPUNGED OR SEALED BY A COURT?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF THE CRIME AND YOUR SUBSEQUENT REHABILITATION

\_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU?

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**FORMER EMPLOYERS**

List below your work experience, starting with your present or last place of employment.

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Dates Employed	Name and Address of Employer	Name of Supervisor	Position & Salary
From _____	_____	_____	Starting: \$ _____
To _____	_____	_____	Final: \$ _____
Reason for Leaving: _____		Telephone Number: _____	

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Dates Employed	Name and Address of Employer	Name of Supervisor	Position & Salary
From _____	_____	_____	Starting: \$ _____
To _____	_____	_____	Final: \$ _____
Reason for Leaving: _____		Telephone Number: _____	

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Dates Employed	Name and Address of Employer	Name of Supervisor	Position & Salary
From _____	_____	_____	Starting: \$ _____
To _____	_____	_____	Final: \$ _____
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Dates Employed	Name and Address of Employer	Name of Supervisor	Position & Salary
From _____	_____	_____	Starting: \$ _____
To _____	_____	_____	Final: \$ _____
Reason for Leaving: _____		Telephone Number: _____	

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MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU PROHIBITED FROM OR LIMITED IN YOUR PERFORMANCE OF ANY JOB DUTIES FOR OUR AGENCY BY A CONTRACT OF ANY KIND THAT YOU SIGNED? YES \_\_\_\_\_ NO \_\_\_\_\_

(IF YES, PLEASE PROVIDE A COPY OF THE AGREEMENT FOR OUR EVALUATION.)

**STATEMENT**

I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS ASKED IN THIS APPLICATION. I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE AND UNDERSTAND THAT THE OMISSION AND/OR MISREPRESENTATION OF ANY FACT FROM THIS APPLICATION OR DURING ANY INTERVIEW WILL BE CAUSE FOR IMMEDIATE DISMISSAL. I HEREBY AUTHORIZE THE AGENCY TO OBTAIN REFERENCE INFORMATION ABOUT ME AND RELEASE ALL PERSONS FROM LIABILITY FOR DOING SO.

IF HIRED, I AGREE TO ABIDE BY ALL AGENCY RULES AND REGULATIONS AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE AGENCY OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN, BY ANY REPRESENTATIVE OR AGENT OF THE AGENCY, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT THE AGENCY AND ALL PLAN ADMINISTRATORS SHALL HAVE THE MAXIMUM DISCRETION PERMITTED BY LAW TO ADMINISTER, INTERPRET, MODIFY, DISCONTINUE, ENHANCE OR OTHERWISE CHANGE ALL POLICIES, PROCEDURES, BENEFITS OR OTHER TERMS OR CONDITIONS OF EMPLOYMENT. NO REPRESENTATIVE OR AGENT OF THE AGENCY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY CHANGE IN ANY POLICY, PROCEDURE, BENEFITS OR OTHER TERM OR CONDITION OF EMPLOYMENT OTHER THAN IN A DOCUMENT SIGNED BY THE CHIEF EXECUTIVE OFFICER AND ME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

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DATE

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SIGNATURE OF APPLICANT