

Employment Application

Drug Free Workplace

Location:				Date:			
The Archdiocese of Atlanta believes that you are entitled without regard to race, color, sex, age, national origin or a the Archdiocese of Atlanta that every employee has the ri	any disability as p	orovided i	n the Americans V	Vith Disabilities Act	It is also the policy of		
Name and Address							
Last Name :	First:				Middle Name/Initial:		
Social Security Number:	A0	Phone:			Alternate Phone:		
Street Address:			3				
City/State:			Zip Code:	Email Addre	Email Address: (optional)		
Additional Information							
Are you 18 years of age or older? ☐ yes ☐ no		If unde	r 18, do you a l	nave working pe	ermit? 🗌 yes 🔲 no		
Are you authorize to work in the US?	no y	强化					
Have you ever been convicted of a crime? yes no (If yes, give details below. If additional space is needed, a sheet has been provided at end of this application.)							
Have you ever been the subject of an investigation involving sexual abuse? yes no (If yes, give details below. If additional space is needed, a sheet has been provided at end of this application.)							
(If you answer yes to the three question		details on	the sheet provide		olication)		
Have you ever been terminated from employmen Have you ever been asked to resign employmen							
Have you ever been asked to resign employment?							
Have you ever applied for employment with the Archdiocese of Atlanta? \Box yes \Box no — If yes, Indicate date(s) and location(s):							
Were you ever employed by the Archdiocese of Atlanta? ☐ yes ☐ no —— If yes, Indicate date(s) and location(s):							
Position Desired:				Salary Desired	l:		
Type of employment desired: Full Time	☐ Part Time			Desired Startin	ng Date:		

203-201 April 2015 (Indicate highest level completed in each category)

Education	High So	chool 9 10 11	. 12	College 1 2	3 4	Graduate	Schoo	11234	Bus	siness or Vocational School 1 2 3 4		
	Year Name Location Course/Major Graduated Diploma/Degree/Certification						Diploma/Degree/Certification					
High School												
College												
Grad. School												
Other (Specify)												
Certifications Held: Date: State:								License Type:				
License Number:				Issuing Agency:								
Are you currently in school? yes no If, yes, where?												
					_							
Employment History												
Name of Emplo	over:	Acco	ınt for aı	ll employment	ın last tei	n years, with	most re	ecent experie	Phone Number:			
Address:	oyer.									r none Number.		
Job Title:				Departr	nent:					Supervisor:		
Major Duties:				Doparti						oupoi viooi.		
Dates of Emplo	ovment:	Start:		End:			Salar	v:	Star	rt: \$ End: \$		
Reason for Lea												
	May we contact employer: ☐ yes ☐ no											
Name of Emplo	oyer:									Phone Number:		
Address:												
Job Title:	Job Title: Department: Supervisor:						Supervisor:					
Major Duties:												
Dates of Employment: Start: End: Salary: Start: \$ End: \$					rt: \$ End: \$							
Reason for Leaving: May we contact employer: ☐ yes ☐ no						t employer: ☐ yes ☐ no						
						Phone Number:						
Name of Employer: Address: Phone Number:												
Job Title:				Departr	nont:					Supervisor:		
Major Duties:												
Dates of Emplo	ovment:	Start:		End:			Salar	v:	Stai	rt: \$ End: \$		
Reason for Lea		- Ctarti										
May we contact employer: ☐ yes ☐ no												
Name of Employer: Phone Number:												
Address:												
Job Title:				Departr	nent:					Supervisor:		
Major Duties:												
Dates of Emplo	oyment:	Start:		End:			Salar	y:	Sta	rt: \$ End: \$		
Reason for Lea	aving:							May we co	ntac	t employer: yes no		
										. , _,		

203-201 April 2015

Skills and Qualifications						
Do you speak any foreign languages? ☐ yes ☐ no If	yes, are you fluent in speech and writing? ☐ yes ☐ no					
Please list all foreign languages spoken:						
List computer skills including software expertise:						
List relevant qualifications and accomplishments:						
Why are you interested in working for the Archdiocese of Atla	nta?					
with the you interested in working for the Archaiocese of Atla	na:					
Profession	nal References					
Name:	Phone Number:					
Address:	Title/Position:					
Name:	Phone Number:					
Address:	Title/Position:					
Name:	Phone Number:					
Address:	Title/Position:					
PLEASE READ C	AREFULLY AND SIGN					
I hereby certify that all answers are true to the best of my knowledge and I unless I have indicated to the contrary.	agree to have any of the statements checked by the Archdiocese of Atlanta,					
Should a job offer be made, I understand my continuing employment, if hir without reasonable accommodation, to successfully perform the essential	ed, is contingent upon my being physically, mentally, and medically able, with or functions of my job.					
I understand that this employment application contains nothing intended to be terminated by either party at any time.	lead or create any employment contract with the Archdiocese of Atlanta, and may					
	result from my application will be employment-at-will, and either the Archdiocese of se and/or with or without notice. The only exceptions to this employment-at-will ave written annual contracts signed by the Archdiocese of Atlanta.					
I understand that any misrepresentation or falsification can be grounds for statements or misrepresentations contained herein or in conjunction with the						
pplicant's Signature:	Date:					