

St. Paul's Catholic Church in the Diocese of Syracuse

Application for Employment

Last Name	First	Middle	Social Security #
Street Address			Home Phone:
City, State, Zip			Cell Phone:
Position Desired			Email:
When would you be available to begin work?			Rate of pay desired
Other special training or skills (languages, machine operation, etc.)			
How did you hear about this position? _____			
Are you under age 18? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If under age 18, do you have working papers? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you want to work Full time <input type="checkbox"/> Part time. <input type="checkbox"/>			
If part time, specify days and hours: _____			
Would you be able to work outside your normal scheduled time if extra help is needed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been employed by the Diocese of Syracuse or another Catholic Church? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, when & at what location?			
Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.			
Do you have the legal right to work and remain in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Education:

School	Name of School	Location of School	Area of Study	Last Year Completed	Did You Earn A Degree or Diploma?
H.S.:				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>
College:				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please list any other special skills or experience you have that would pertain to this position:

LIST ANY MEMBERSHIPS IN PROFESSIONAL OR CIVIC ORGANIZATIONS:

(exclude those which may disclose your race, color, religion or national origin)

In a few words please tell us why you feel you would be perfect for this position: —

EMPLOYMENT HISTORY**Are you Currently Employed?** Yes ☐ No ☐

1) Name of present or last employer	Employed (month & year) From To:
Address	Telephone #
Name of Supervisor	May we contact for references Yes <input type="checkbox"/> No <input type="checkbox"/>
State Job Title and Describe Your Work	
2) Previous Employer	Employed (month & year) From To:
Address	Telephone #
Name of Supervisor	May we contact for references Yes <input type="checkbox"/> No <input type="checkbox"/>
State Job Title and Describe Your Work	
3) Previous Employer:	Employed (month & year) From To:
Address	Telephone #
Name of Supervisor	May we contact for references Yes <input type="checkbox"/> No <input type="checkbox"/>
State Job Title and Describe Your Work	

Please sign and date below authorizing reference checks with specified previous employers.

Sign: _____ Date: _____

List Job Skills in Order of Strengths:

1. _____
2. _____
3. _____
4. _____
5. _____

Name 4 Adjectives That You Feel Best Describe Yourself:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Computer Knowledge: (If applicable for position)

Type of User: ___ Beginner ___ Intermediate ___ Advanced

List Software Programs You Have Worked with and The Capacity of Each:

1. _____
2. _____
3. _____
4. _____

Please write below any additional information you wish to include to help us evaluate your application:

Complete Section A if you served in the U.S. Armed Forces, otherwise skip to B

A. Describe your duties and any special training

Branch of Service

Period of Active Duty (month & year)

Rank at Discharge

Date of Final Discharge (month & year)

Section B Additional References

Please list below the names, addresses, and phone numbers of additional references (not former employers or relatives) that could supply information as to your qualifications and/or character.

Listing these persons indicates your permission for us to contact them in writing or by phone.

NAME

ADDRESS

PHONE

1) _____

2) _____

3) _____

Have you ever been convicted of a crime, other than a traffic violation? Yes ☐

No ☐

If yes, please indicate the nature of the offence, when, where and disposition.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

In accordance with Section 390-b of the Social Services Law, I certify that to the best of my knowledge and belief, I HAVE _____ HAVE NOT _____ been convicted of a crime in New York State or in any other jurisdiction. If I have been convicted, the date of conviction, and any other relevant information on an attached document. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate information concerning the conviction (s) may constitute grounds for the denial of employment.

Signed: _____

Date: _____

St. Paul's Church & Nazareth Daycare
16 Park Ave
Whitesboro, NY 13492
315-736-1124

RELEASE OF INFORMATION

I am applying for the position of _____
for St. Paul's Church, Nazareth Day Care.

I hereby authorize the release of information from those listed by me
in this application regarding my personal and/or professional abilities
as related to this position. Information may be obtained orally and/or
in writing.

Applicants Signature: _____ Date: _____