



# Catholic Charities

Catholic Charities Health & Human Services  
Catholic Charities Services Corporation  
Catholic Charities Facilities Corporation

## APPLICATION FOR EMPLOYMENT

PERSONAL DATA (Please print or type)

Last Name		First Name		Middle	Date of Application
Street Address		City		State	Zip Code
Previous Street Address		City		State	Zip Code
Social Security Number	Telephone ( )		Are you at least 18 years of age? (If applying for child and youth care worker, state law mandates you must be 21 years of age.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what type of Visa do you have?				
List relatives and personal acquaintances currently employed by CCHHS; CCSC; CCFC:					

## POSITION INFORMATION

Position Applied For:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary Desired	Service Site
How soon after notification can you report?	Have you ever applied with CCHHS, CCSC, CCFC before? If so, when:		
Were you referred to CCHHS; CCSC, CCFC?	By Whom?	Service Site	
Have you ever been employed by CCHHS; CCSC; CCFC? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, When?	Position	Service Site	

## EDUCATION

Name and Address of School	Major/Minor	Number of Years Completed	Did you Graduate?	Degree/Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other school (technical, vocational, graduate)				
List any scholarships, academic honors, awards or special achievements:				

## EMPLOYMENT HISTORY

Starting with your most recent employer, list in consecutive order all employment.

### PRESENT OR MOST RECENT EMPLOYER

Name of Organization	Telephone Number ( )	SALARY <u>Starting</u> Final	<u>Employed</u> Month/Year From To
Street	City	State	Zip
Reason for leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Title of Supervisor:		Title of Your Position:	
Job description, specific duties, responsibilities:			

Is your current employer aware that you are seeking another position?  Yes  No

### PREVIOUS EMPLOYER

Name of Organization	Telephone Number ( )	SALARY <u>Starting</u> Final	<u>Employed</u> Month/Year From   To
Street	City	State	Zip
Reason for leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Title of Supervisor:		Title of Your Position:	
Job description, specific duties, responsibilities:			

### PREVIOUS EMPLOYER

Name of Organization	Telephone Number ( )	SALARY <u>Starting</u> Final	<u>Employed</u> Month/Year From   To
Street	City	State	Zip
Reason for leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Title of Supervisor:		Title of Your Position:	
Job description, specific duties, responsibilities:			

### OTHER EMPLOYMENT

If there are any periods of unemployment and/or part time employment not covered above, please explain:
Do you have any other job, either part or full time that would (1) interfere with your hours of employment either regular or overtime? (2) Reasonably present a conflict of interest in your employment here? If yes to either question, explain fully:

**PROFESSIONAL LICENSES**

License _____	State _____
Expiration Date _____	License # _____
<p>Have you ever had your professional license revoked, suspended or have charges ever been brought against you regarding such license? If so, explain:</p>	

**SUPPLEMENTAL INFORMATION**

<p>Have you ever been discharged for misconduct or unsatisfactory service or forced to resign from any position? If yes, give details below. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been convicted of any violation of the law (except minor traffic violations)? If yes, give full particulars of every conviction in space below. Include dates, conviction, present disposition and location. The existence of a criminal record does not constitute an automatic bar to employment. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Any additional pertinent information you would like to provide regarding your background, qualifications, etc. for a position with CCHHS, CCSC, CCFC. (Omit information that may indicate race, color, religion, sex, national origin or ancestry of its members.)</p>

**(Answer if checked as applicable to the position for which you are applying)**

What foreign languages do you speak fluently?	Read fluently?	Write fluently?
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**(Answer if checked as applicable to the position for which you are applying)**

<p>Do you have a valid Ohio Driver=s License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Number and Expiration _____</p> <p>Do you have an out-of-state License? <input type="checkbox"/> Yes <input type="checkbox"/> No STATE _____</p> <p>If yes, provide Number and Expiration Date _____</p>
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**CLERICAL AND OFFICE SKILLS (Answer if checked as applicable to the position for which you are applying )**

Typing speed WPM		Shorthand WPM			
Indicate experience in years or months for each of the following:		Accounting	Bookkeeping	Payroll	Statistics
Computer/PC	Mainframe	Word processing		10-Key	

**REFERENCES**

List three people who are not related to you and who know your qualifications and fitness for the position for which you are applying:

Name	Address	City/State/Zip	Telephone ( )
Name	Address	City/State/Zip	Telephone ( )
Name	Address	City/State/Zip	Telephone ( )

## CONDITIONS OF EMPLOYMENT

I hereby give Catholic Charities Services Corp., Catholic Charities Facilities Corp., Catholic Charities Health & Human Services permission to contact any and all former employers, associates, educational institutions, law enforcement agencies and other individuals and agencies they find necessary in determining my eligibility for employment. Also, I will not hold any of the above, nor individuals employed by the above, liable for furnishing the information requested, and waive my right to receive written notice of any such information provided.

Because of the nature of our business, each qualified candidate will be the subject of a routine inquiry with respect to relevant background information. Employment is conditional until receipt of satisfactory references and other pertinent employment information. Each case is evaluated on an individual basis and reviewed in terms of, among other considerations, the severity of the crime, when it occurred, and the position sought by the applicant. We reserve the right to test applicants or employees for any controlled substances which may impair such individual=s ability to perform a job safely or properly, or that would constitute a direct threat to the property or safety of others.

In the event of my employment by Catholic Charities Services Corp., Catholic Charities Facilities Corp., Catholic Charities Health & Human Services, I will comply with all rules and regulations. I understand that my employment will not be subject to the terms of an employment contract, written or oral, expressed or implied and that either I or the entities above may sever my employment at any time for any reason.

The receipt of this application does not imply employment, but only that the applicant will be given consideration should a suitable vacancy occur. This application and subsequent references become the property of Catholic Charities Services Corp., Catholic Charities Facilities Corp., Catholic Charities Health & Human Services.

**A FALSE ANSWER TO ANY QUESTION IN THIS APPLICATION MAY BE GROUNDS FOR NOT EMPLOYING YOU, OR DISMISSING YOU AFTER YOU BEGIN WORK.**

I hereby acknowledge that I have read and understand the above statements. I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith, and that I have withheld nothing that would if, disclosed, affect this application unfavorably.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***THIS APPLICATION IS CURRENT FOR SIX (6) MONTHS, AT THE CONCLUSION OF WHICH TIME, IF YOU HAVE NOT HEARD FROM US AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR YOU TO FILL OUT A NEW APPLICATION.***