

# Roman Catholic Diocese of Gallup

### **APPLICATION FOR EMPLOYMENT WITH**

IMPORTANT: Do not complete this form if applying for a position in Diocese of Gallup Schools. (Request a Catholic Schools Application.) This form is for all other persons, including current employees, applying for positions with the Diocese of Gallup and other organizations affiliated with the Roman Catholic Church of the Diocese of Gallup.

Today's Date:		Social Security Number:				
Last Name	First	Mic	ddle	Daytime P	hone	
				Evening P	hone	
Present Street Address	City	State	Zip			
				Cell Phone	e	
Permanent Address (If different from present address			ess.)	E-Mail Address		
Have you ever been emplo Yes; No If Yes give details:	oyed by the Di	iocese or a d	church?			
I am a U.S. citizen or legally authorized to work in the U.S. Yes; No I am interested in: full-time or part-time employment. Date available:						
Position applying for:			Pay (if known):			
EDUCATION: Name and Location of School		# of years/credit hrs.		Degree Received		
High School		Diploma: Yes; No				
College						
Postgraduate						
Other Training						
The Diocese of Gallup and affiliated of discriminate on the basis of race, color disability unrelated to ability to perfo otherwise qualified individuals. Accep	r, sex, national origir rm the duties of a p	n, age, unfavorab position. It is our	le discharge from mili policy to offer reason	itary service, arre able accommoda	st record of mental or physical ations for the special needs of	

EMPLOYMENT HISTORY Please list all present and former employment beginning additional pages if needed. Include all other names you h	
are using on this application form.	
Company Name:	Company Phone:
A delegan	Period Employed (Month / Year)
Address:	From: To:
Position Title:	Weekly Salary: Start: End:
Duties:	Reason for Leaving:
Company Name:	Company Phone:
	Period Employed (Month / Year)
Address:	From: To:
Position Title:	Weekly Salary: Start: End:
Duties:	Reason for Leaving:
Company Name:	Company Phone:
Address:	Period Employed (Month / Year) From: To:
Position Title:	Weekly Salary: Start: End:
Duties:	Reason for Leaving:
Company Name:	Company Phone:
	Period Employed (Month / Year)
Address:	From: To:
Position Title:	Weekly Salary: Start: End:
Duties:	Reason for Leaving:

REFERENCES					
Name:		Phone:		Title:	
Address:	City:		State:		Zip .
Name:		Phone:		Title:	
Address:	City:		State:		Zip .
Name:		Phone:		Title:	
Address:	City		State:		Zi

Complete this section if skills apply to position for which you are applying.					
My knowledge of following software rates as: 1=Advanced; 2=Average; 3=Beginner; 4=None					
MS Word;Excel ;Access;Outlook;WordPerfect					
QuickBooks;Website design;Other technology skills:					
Keyboard Words per minute:					
<ul> <li>IMPORTANT - THIS SECTION MUST BE COMPLETED</li> <li>1. Do you presently serve, or have served, as a volunteer for any organization, entity or group in which you had substantial contact with children or vulnerable populations (such as elderly, mentally or emotionally disabled, etc.)?         <ul> <li>No;</li> <li>Yes</li> </ul> </li> </ul>					
<ul> <li>2. Have any complaints arisen at sites of work or volunteering that alleged sexual misconduct or child abuse by you or your participation in or facilitation of such activities (including internal complaints or allegations reported to management or supervisors at places of employment)?</li> <li>No; Yes (If yes, please comment below.)</li> </ul>					
<ul> <li>3. Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary action for reasons relating to allegations of sexual misconduct or child abuse by you.</li> <li>No; Yes (If yes, please comment below.)</li> </ul>					
If answers to #2 or #3 above were "yes:" Please provide the name and phone number of the organization, period of volunteer service, supervisor's name and briefly describe your activities and/or duties and the incident.					

## IMPORTANT: For your application to be considered, you must sign below to indicate that you have read and understood these statements:

The information I have provided in this application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in the termination of my employment.

I understand that, if I am selected and prior to employment, a background investigation will be required to include criminal, civil, financial and driving records. References will be contacted. In some cases, fingerprinting may be required. I release the Diocese of Gallup and my specific workplace from any and all resultant liability. If employed, I will abide by the Code of Conduct of the Diocese of Gallup and the personnel policies and procedures of the Diocese of Gallup. I understand that acceptance of an offer of employment does not create a contractual obligation upon the Diocese of Gallup or my specific workplace to continue to employ me in the future. Upon termination of my employment, I authorize the release of reference information by the Diocese of Gallup.

I will be required to furnish proof of identity and my ability to work legally in the U.S. once a conditional job offer has been made. I understand that if hired my employment is subject to "employment at will," which means my employment can be terminated at any time, with or without reason.

#### Signature:

Date:

### THIS SECTION FOR OFFICIAL USE ONLY

The necessity of passing a background check (and finger printing if required for the specific position) as a condition of seeking employment with the Diocese of Gallup or affiliated organizations has been explained to this applicant. This workplace understands that an offer of employment is contingent upon the applicant's passing of the background check and a check of references without any prohibited citations or findings.

Signature of Pastor or Hiring Authority:

Workplace:\_

Date: \_