

School

Diocese of Lafayette
1408 Carmel Drive
Lafayette LA 70501
(337) 261-5526

APPLICATION FOR EMPLOYMENT

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, or the presence of a non job-related medical condition or handicap.
There may occasionally be positions vacant which require a knowledge of the Catholic faith. In those circumstances, knowledge of the faith becomes a qualification, but it is not always necessary that the applicant be Catholic.

Position Applying for _____

Date Available for Employment _____ Minimum Acceptable Salary _____

NAME _____

Mailing Address _____

City, State, Zip _____

Primary Contact Number (_____) _____ Email Address _____

Are you 18 or over? Yes No
Are you available for Full-time Part-time Temporary
 Day Evening Mon - Fri Weekends
Do you have a valid driver's license? Yes No
Do you have transportation at your disposal? Yes No
Have you ever been accused of, or has a civil or criminal complaint ever been filed against you, alleging sexual abuse, other physical abuse, or neglect of a minor by you? Yes No
Have you ever been convicted of a felony? Yes No
How did you hear about this position? _____
Have you ever worked for the School, Diocese or any of its related entities before? Yes No
If yes, where, when, and in what capacity? _____

EDUCATION

Highest grade completed: _____
Do you have a high school diploma? Yes No Name of High School _____
General Equivalency Diploma? Yes No Location _____

College/University
Name _____ Dates attended _____ to _____
Location _____ Degree _____ Major _____

Graduate School
Name _____ Dates attended _____ to _____
Location _____ Degree _____ Major _____

OTHER SCHOOLS ATTENDED (business, trade, military)
Name _____ Dates attended _____ to _____
Location _____ Did you complete the course of study? Yes No
If yes, license or certificate received _____

BUSINESS SKILLS

Can you type? Yes No WPM _____ Word Processing? Yes No
Computer applications used _____
Other business skills (Please specify) _____

BUSINESS/COMMUNITY ORGANIZATIONS (include only those which might relate to your position)

DO YOU HAVE ANY RELATIVE(S) EMPLOYED BY THE PARISH, DIOCESE, OR ANY OF ITS RELATED ENTITIES? Yes No
 If yes, please list their name(s), relationship to you, and their position along with their location worked

WORK EXPERIENCE (List present and past employment beginning with your most recent employment. If additional space is needed, please use another sheet of paper and attach.)

EMPLOYER NAME, ADDRESS and PHONE NUMBER	Position	Duties
	From (date)	
	To (date)	
	Salary	
Reason for Leaving		
Supervisor		
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER NAME, ADDRESS and PHONE NUMBER	Position	Duties
	From (date)	
	To (date)	
	Salary	
Reason for Leaving		
Supervisor		

EMPLOYER NAME, ADDRESS and PHONE NUMBER	Position	Duties
	From (date)	
	To (date)	
	Salary	
Reason for Leaving		
Supervisor		

REFERENCES: PERSONAL AND PROFESSIONAL (do not include relatives)

NAME	ADDRESS	PHONE NUMBER

THE FOLLOWING IS AN IMPORTANT PART OF THE APPLICATION AND SHOULD BE READ CAREFULLY

I understand that if employed by the School, my acceptance of employment does not constitute an employment contract and no agreement to the contrary (written, stated, or implied) will be recognized unless entered into with the Principal. I understand that my employment with the School shall depend on satisfactory replies from my references and former employers. I also understand that if my job/ministry involves contact with minors, I must undergo a criminal background check through fingerprinting as a condition for employment. I agree to abide by the rules, policies, and codes of professional conduct of the School and that while the School may have in effect certain personnel procedures and practices, neither the existence of the procedures and practices, nor the School's use or failure to use them, creates any obligation between the School and myself. I understand that my employment is for no definite period and may be terminated with or without notice, at any time, for any reason, or no reason, by the School or by myself. I further understand that hours of work will be flexible when deemed necessary by the Principal.

I authorize the School to verify any statements made by me on the application and any other School form(s) completed by me. I authorize all persons having knowledge of myself or my records to release such information to the School. I release these companies and persons and the School from any and all liability or claims that may arise by such disclosures or investigations.

I certify that the statements made by me on this application are true, complete, and correct and it is further understood that should any falsification be discovered, it will constitute grounds for non-acceptance or for dismissal.

Applicant's Signature

Date