

On what date would you be available for work? _____

Are you available to work Full Time Part Time Temporary

Are you laid off and subject to recall? Yes No

Have you ever been convicted of or pleaded guilty to a felony or misdemeanor (other than a parking violation)?

If yes, please state the nature of the offense for which you were convicted or pleaded guilty.

Has any surety company ever refused to issue or continue any bond on your behalf?

Yes No

If yes, please provide in detail the date, the reasons for and the circumstances surrounding the surety company's refusal.

A 'yes' response to either of the two preceding questions will not disqualify you from consideration for employment. A record of a conviction, or a refusal by a surety company to issue or continue a bond on your behalf does not mean that you cannot be hired. The nature and circumstances of any conviction or bond refusal, how long ago either occurred, and other factors, including the relationship of the conviction or bond refusal to the position of which you are applying, are all important in the employment consideration. Thus, please provide a complete response to these questions so that an appropriate decision may be made.

In connection with your application for employment and at any time during your employment if you are hired, you may be required to submit to the Employer a copy of any and all records regarding your convictions that have been maintained by either the police or sheriff departments, or both, for the locality in which you reside, and/or any of the counties located within the diocese of Jefferson City.

Have you at any time been accused of child abuse? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.)

Yes No

If yes, please complete the following questions:

1. Provide in detail the date, the place, and the account of the circumstances surrounding each allegation of child abuse.

2. Did any administrative or judicial proceedings arise out of the allegations of child abuse? Yes No

If yes, please identify the agency or court in which the proceeding was brought and its locations, and any judgment or resolution that was entered or reached.

3. Are you under the supervision of any federal, state or local agency as a result of any allegations of child abuse? Yes No

A "yes" response to any of the three preceding questions will not disqualify you from consideration for employment. The nature and circumstances of the matters reported as well as their disposition are all important in the employment consideration.

HEALTH REQUIREMENTS

Can you perform the activities involved in the position for which you are applying either with or without reasonable accommodation? Yes No

PERSONAL REFERENCES

Give the name, address, and telephone number of at least three persons who are not related to you and are not previous employers.

II. EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

You may exclude the names of organizations which indicate race, color, gender, national origin, handicap or other protected status.

1.		Employer Telephone	Work Performed
Address			
Job Title			
Dates Employed From	To		Reason for Leaving
Supervisor			Hourly Wage/Salary
2.		Employer Telephone	Work Performed
Address			
Job title			
Dates Employed From	To		Reason for Leaving
Supervisor			Hourly Wage/Salary
3.		Employer Telephone	Work Performed
Address			
Job Title			
Dates Employed From	To		Reason for Leaving
Supervisor			Hourly Wage/Salary

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4. Employer	Telephone	Work Performed	
Address			
Job Title			
Dates Employed From	To	Reason for Leaving	
Supervisor		Hourly Wage/Salary	
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5. Employer	Telephone	Work Performed	
Address			
Job Title			
Dates Employed From	To	Reason for Leaving	
Supervisor		Hourly Wage/Salary	
~~~~~		~~~~~	
6. Employer	Telephone	Work Performed	
Address			
Job Title			
Dates Employed From	To	Reason for Leaving	
Supervisor		Hourly Wage/Salary	

**EDUCATION & SPECIALIZED TRAINING**

<b>Level</b>	<b>Elementary</b>	<b>High</b>	<b>College/ University</b>	<b>Graduate/ Professional</b>
<b>School Name</b>				
<b>Circle number of years completed</b>	<b>4 5 6 7 8</b>	<b>9 10 11 12</b>	<b>1 2 3 4</b>	<b>1 2 3 4</b>
<b>Diploma/Degree</b>				
<b>Course of Study</b>				

<b>Describe specialized training, apprenticeship, skills, and extracurricular activities.</b>
<b>Summarize special skills and qualifications acquired from employment or other experience.</b>

**MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS:**

*(You may exclude listing any organizations which you believe by their name or character may reveal your race, citizenship, national origin, age, marital status, disability or union affiliation.)*


### III. STATEMENT

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I grant permission to the Employer to investigate thoroughly my complete personal, educational and work histories to verify all information that may be given in connection with my seeking of employment with the Employer. I also grant permission to the Employer to contact, in connection with my application and periodically thereafter if I am employed, the Missouri Division of Family Services and any other governmental agencies, organizations, corporations, entities, or individuals that the Employer deems necessary in order to verify the continued accuracy of any information given in connection with this application, and I agree to complete, in connection with my application and periodically thereafter if I am employed, any and all forms required by the employer (including, but not limited to, an application for child abuse/neglect screening form to be submitted to the Missouri Department of Social Services). In addition, I release the employer and all of its agents, as well as any individual or organization and all of their agents who supply written or oral information regarding myself to the Employer, from any and all liabilities resulting from such investigation or verification. I understand and agree that I may be denied employment or, if I am already employed, that my employment may be terminated based on information obtained during that investigation or verification. Upon termination of my employment with the Employer, regardless of when, how or why my employment is terminated, and whether such termination is affected by me or by the Employer, I authorize the release of reference information on all aspects of my employment history with the Employer and release the Employer and all of its agents from any and all liability resulting from disclosure of information on my employment history.

In addition, I understand and agree that this application will be considered valid for a period of forty-five (45) days. I recognize that, if I wish to be considered after forty-five (45) days, I must complete a new application for employment.

I understand and agree that, if I am offered employment by the Employer, my employment will be based upon mutual agreement and that either I or the Employer may terminate the employment relationship at any time and for any reason. I further understand that no supervisor, agent or representative of the Employer has any authority to enter into any oral employment agreement with me for any period of time or to make any oral agreement contrary to the foregoing. I also agree to be bound by the policies of the Employer and the diocese of Jefferson City and to responsibly and morally carry out the duties assigned to me.

Finally, I certify that I have given true and accurate information and that I have read and agreed to the conditions of employment stated in this application and authorize and release as set forth above. If any information contained in this application is found, in the opinion of the Employer, to be false in any respect, my application for employment may be rejected. Similarly, if I am already employed, I will be subject to discharge at any time without notice.

Date: _____  
_____  
(Applicant's Signature)