

ARCHDIOCESE OF SEATTLE

Human Resources

710 – 9th Avenue
Seattle, Washington 98104
Tel: (206) 382-4570
Fax: (206) 382-4267
Toll Free: 1-800-261-4749
E-mail: recruiting@seattlearch.org

EMPLOYMENT APPLICATION



POSITION APPLIED FOR _____ DATE _____

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

E-MAIL ADDRESS _____

HOME TELEPHONE NUMBER _____ BUSINESS TELEPHONE NUMBER _____

CELL PHONE NUMBER _____ ARE YOU AT LEAST 18 YEARS OLD? YES NO

IF THE POSITION YOU ARE APPLYING FOR REQUIRES MEMBERSHIP IN A CATHOLIC PARISH OR FAITH COMMUNITY (as indicated in the minimum requirements for the position), PLEASE IDENTIFY YOUR PARISH/COMMUNITY:

ARE YOU CURRENTLY OR HAVE YOU EVER WORKED FOR A PARISH, SCHOOL, CHANCERY OR AGENCY OF THE ARCHDIOCESE OF SEATTLE, CATHOLIC COMMUNITY SERVICES, OR OTHER CATHOLIC ENTITY, OR ARE AN ORDAINED PRIEST/WOMEN RELIGIOUS?
YES NO
IF YES, PLEASE INDICATE WHERE: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?
(Proof of employment eligibility will be required upon employment) YES NO

HOW DID YOU HEAR ABOUT THIS OPENING? _____
Please list specific website, newspaper, etc.

EDUCATION/SKILLS:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	GRADUATED?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Persons needing accommodation to complete the application process should notify the Archdiocese.

OTHER TRAINING/EDUCATION/SKILLS:

PREVIOUS EXPERIENCE:

Please list name, address, and phone number of previous employment, military, or volunteer experience with most recent experience first.

1. Name of Organization _____ From _____ To _____

Status: ___ Volunteer ___ Full Time paid ___ Part Time paid Current/Ending salary _____

Address _____

Phone number _____ Supervisor _____

Job Title _____

Duties and responsibilities of position:

Reason for Leaving _____

Name known by (if different than present name) _____

2. Name of Organization _____ From _____ To _____

Status: ___ Volunteer ___ Full Time paid ___ Part Time paid Current/Ending salary _____

Address _____

Phone number _____ Supervisor _____

Job Title _____

Duties and responsibilities of position:

Reason for Leaving _____

Name known by (if different than present name) _____

3. Name of Organization _____ From _____ To _____

Status: ___ Volunteer ___ Full Time paid ___ Part Time paid Current/Ending salary _____

Address _____

Phone number _____ Supervisor _____

Job Title _____

Duties and responsibilities of position:

Reason for Leaving _____

Name known by (if different than present name) _____

4. Name of Organization _____ From _____ To _____

Status: ___ Volunteer ___ Full Time paid ___ Part Time paid Current/Ending salary _____

Address _____

Phone number _____ Supervisor _____

Job Title _____

Duties and responsibilities of position:

Reason for Leaving _____

Name known by (if different than present name) _____

We may contact the employers listed above unless you indicate those you do not want us to contact:

Name of employer(s) _____

Reason: _____

REFERENCES:

Give name, email address, and telephone number of three professional references who are not related to you:

- 1.
- 2.
- 3.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the Application of Employment are true and complete to the best of my knowledge. I understand that if I am employed false or misleading statements given on my application or during my interview(s) may result in termination. I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose. I understand that the Archdiocese of Seattle will conduct a pre-employment screening _____ criminal background check. If I am hired my employment is conditional upon receipt of a satisfactory report from this screening.

I understand that any offer of a position is subject to existing Archdiocesan policies & guidelines which cannot be superseded except by written offer from a qualified representative of the Archdiocese.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application, or within 6 months may request this application be used.

DATE _____ APPLICANT'S SIGNATURE _____