EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status

		Dioces	se of Little Ro	ock ~ Off	ice of C	atholic Schools		age, national veteran status	l origin, handicap or .
	Last Name		First		Middle		Date		
P	Street Address						Hom	e Telephon	10
	Street Address						110111	le releption	ie
E	City, State, ZIP						Busir	ness Teleph	ione
R	Have you ever applie	d for					()	
	employment with us		If yes: Month and Y	'ear	Location		Socia	al Security #	‡
S	Yes	_No							
	Position Desired						Pay 6	expected	
0	Ana wawa awailahla fan	full time o	If not what have a				\A/:II .		المصادمة المصادمة
	Are you available for work?	ruii-time	If not, what hours of work?	.an you				you work o Yes	vertime if asked?
N	Yes	No	WOIK;				-	163	NO
14		_140							
A	Are you legally		Yes	No	Whe	n will you be available t	o begin	work?	
	employment in the U	nited States?							
L	Church affiliation								
	Other special training	or skills							
	(languages, machine	operation, etc)							
E	SCHOOL	NAME AND LO	CATION OF SCHOOL	COURSE O	F STUDY	NO. OF YEARS COMPLETED		O YOU DUATE?	DEGREE OR DIPLOMA
							Y	⁄es	
D	Graduate							No	

E	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
D	Graduate				Yes No	
U						
С	College				Yes No	
A					Yes	
Т	Business/Trade/ Technical				res No	
I						
0	High School				Yes No	
N	Elementary				Yes No	

We may contact	DO NOT CONTACT		
the employers	Employer Name		
listed below unless	Employer Name		
you indicate those	Reason		
you do not want us	Employer Name		
to contact.	Employer Name		
	Reason		

	EMPLOYMENT	Please use accurate, complete full-time and part- time employment records. Start with your present or most recent employer.				
	Company Name	Telephone ()				
1	Address	Employed – (State Month and Year) From To				
	Name of Supervisor	Starting Salary Ending Salary				
	State Job Title and Responsibilities	Reason for Leaving				
2	Company Name	Telephone ()				
	Address	Employed – (State Month and Year) From To				
	Name of Supervisor	Starting Salary Ending Salary				
	State Job Title and Responsibilities	Reason for Leaving				
3	Company Name	Telephone ()				
	Address	Employed – (State Month and Year) From To				
	Name of Supervisor	Starting Salary Ending Salary				
	State Job Title and Responsibilities	Reason for Leaving				
	Company Name	Telephone ()				
	Address	Employed – (State Month and Year) From To				
4	Name of Supervisor	Starting Salary				
	State Job Title and Responsibilities	Reason for Leaving				
S						
I G	The information provided in this Application for Employment is true and complete. If this application leads to employment, any false or misleading information may result in my release.					
N A	I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.					
T U						
R E	Date Signature					