

# St. Jerome Catholic Church

---

## APPLICATION FOR EMPLOYMENT

This application must be filled out completely, and signed and dated by the applicant. **FILL OUT ALL SPACES WITH REQUESTED INFORMATION OR ENTER "N/A".** (Insert School Name) is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, age or disability. In cases where a position may require the candidate to be a practicing member of the Catholic Church, such notice will be placed on the job posting announcement on the Diocese of Austin website.

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_  
**Last** **First** **MI**

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

POSITION for which you are applying: \_\_\_\_\_

Full Time: \_\_\_\_ Part Time: \_\_\_\_ Temporary: \_\_\_\_ Date available for work: \_\_\_\_\_

Are you bi-lingual (English/Spanish)? Yes \_\_\_\_ No \_\_\_\_

Level of fluency: **Conversing:** \_\_\_\_\_Excellent \_\_\_\_\_ Good \_\_\_\_\_ Poor

**Writing:** \_\_\_\_\_Excellent \_\_\_\_\_ Good \_\_\_\_\_ Poor

**Reading:** \_\_\_\_\_Excellent \_\_\_\_\_ Good \_\_\_\_\_ Poor

Please note other/additional languages spoken: \_\_\_\_\_

### EDUCATION

Circle highest Primary or Secondary grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School Diploma \_\_\_ Yes \_\_\_ No GED Certificate \_\_\_ YES \_\_\_ NO

College or University attended	Hours completed	Graduated yes/ no	Degree received

### LICENSES / CERTIFICATIONS

License or Certification	Date expires	Issuing authority	License number

Describe special training or skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

Provide two (2) professional references that may be contacted to verify your qualifications.

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Number Street City Zip Code State

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Number Street City Zip Code State

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMPLOYMENT HISTORY

List **all** places where you have been employed during the last 10 years, starting with the most current and working back. Account for all periods of unemployment longer than 30 days.

**Company Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_ May we Contact this Employer: Yes \_\_\_ No \_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$\_\_\_\_\_ Ending Salary \$\_\_\_\_\_

Position Title: \_\_\_\_\_ Supervised others? Yes \_\_\_ No \_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Describe any disciplinary or performance problems: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving (or wanting to leave) this company: \_\_\_\_\_

\_\_\_\_\_

**Company Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_ May we Contact this Employer: Yes \_\_\_ No \_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$\_\_\_\_\_ Ending Salary \$\_\_\_\_\_

Position Title: \_\_\_\_\_ Supervised others? Yes \_\_\_ No \_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Describe any disciplinary or performance problems: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving (or wanting to leave) this company: \_\_\_\_\_

\_\_\_\_\_

**Company Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_ May we Contact this Employer: Yes \_\_\_ No \_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$\_\_\_\_\_ Ending Salary \$\_\_\_\_\_

Position Title: \_\_\_\_\_ Supervised others? Yes \_\_\_ No \_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any disciplinary or performance problems: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving (or wanting to leave) this company: \_\_\_\_\_

\_\_\_\_\_

**Company Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_ May we Contact this Employer: Yes \_\_\_ No \_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$\_\_\_\_\_ Ending Salary \$\_\_\_\_\_

Position Title: \_\_\_\_\_ Supervised others? Yes \_\_\_ No \_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any disciplinary or performance problems: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving (or wanting to leave) this company: \_\_\_\_\_

\_\_\_\_\_

**Attach additional pages if more space is needed.**

**PLEASE READ AND INDICATE YOUR UNDERSTANDING OF THE FOLLOWING  
STATEMENTS BY SIGNING THE SPACE PROVIDED BELOW.**

1. I certify that **all** information provided by me in connection with this application for employment, whether specifically listed on this document or provided by other means, is true and complete, and I understand that any misstatement, falsification, omission or concealment of any information may be grounds for refusal to hire or, if already hired, immediate termination of employment.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States of America.
3. I give permission to the Diocese of Austin to check with any law enforcement or criminal justice agencies for my criminal history or driving record.
4. I understand and accept the condition of employment that requires my professional and personal conduct to conform to the ethical and moral teachings of the Roman Catholic Church.
5. I authorize **any** of the persons or organizations referenced in this application to provide any and all information concerning my previous employment, education or any other information they might have, whether personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information or from any use of this information.

**SIGNATURE:** No application for employment will be considered unless it has the original handwritten signature of the applicant on the signature line below.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed

**How did you learn of this position?**

Local Newspaper  
 Diocesan employee  
 Work in Texas

Internet  
 Catholic Spirit  
 Other \_\_\_\_\_

Diocesan website  
 Parish Bulletin

**Office Use Only:** Date received: \_\_\_\_\_ Received by: \_\_\_\_\_



# Diocese of Austin

Parish/School Name \_\_\_\_\_

## Pre-employment background check request form

*This confidential information is to be used by the Diocese of Austin Office of Ethics and Integrity in Ministry for background check purposes only. Unauthorized use of this information is grounds for termination of employment.*

### Hiring Parish or School Section

Please complete this box and give form to applicant with an envelope marked CONFIDENTIAL. Applicant should complete the form, seal it in the envelope and leave at the parish/school office. Only the hiring employer or EIM site administrator should fax the form of the selected candidate to the EIM office at 512-949-2529 for processing. Results will only be given to the employer named below.

Pastor/Principal Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name/City of Parish or School: \_\_\_\_\_

Position which Applicant is Seeking : \_\_\_\_\_

### Applicant Section

LEGALNAME: \_\_\_\_\_  
Last First MI

CURRENT ADDRESS (CITY/STATE): \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Have you ever submitted an EIM Application for Ministry for the Diocese of Austin?

Yes \_\_\_ No \_\_\_ Have you changed your last name in the past 3 years? If yes, what was your previous last name?

Yes \_\_\_ No \_\_\_ Have you lived outside of Texas in the last 5 years? If yes, in what state(s) did you live?

Last 4 digits of your Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number: \_\_\_\_\_

### CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with \_\_\_\_\_, the Diocese of Austin may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal, and civil history, personal interviews, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Diocese of Austin's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Diocese of Austin will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making an adverse decision regarding my fitness for employment with the Diocese of Austin. I further understand that the name and address of the reporting agency that produced the report used in making and adverse decision will also be provided.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Signature \_\_\_\_\_

Date \_\_\_\_\_