

# Application for Aide Position

**ST. MICHAEL CHURCH**

145 St. Michael Blvd  
Brookville, Indiana  
765-647-5462

## Employment Application

### Applicant Information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Social Security No: \_\_\_\_\_  
(optional)

Present Address: \_\_\_\_\_  
Street Address Apartment/Unit#  
City State Zip Code

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a citizen of the United States?  YES  NO If no, are you authorized to work in the U.S.?  YES  NO

Have you ever been convicted of a crime?  YES  NO (Convictions will not necessarily disqualify an applicant from employment)

If yes, explain: \_\_\_\_\_

If your application is considered favorably, on what date will you be able to start work? \_\_\_\_\_

Employment desired \_\_\_\_\_ Full-time only \_\_\_\_\_ Part-time only \_\_\_\_\_ Full or Part-time

If considering part-time work, please specify days and hours. \_\_\_\_\_

Salary requirement. \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate?  YES  NO Degree: \_\_\_\_\_

College \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate?  YES  NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate?  YES  NO Degree: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## References

Please list three references - do not list relatives or former employers

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this applications leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize St. Michael Church to make an investigation of any facts set forth in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.*