

ARCHDIOCESE OF MILWAUKEE

APPLICATION FOR EMPLOYMENT

**St. Martin of Tours Parish:
7963 S. 116th Street, Franklin, WI 53132
Phone:414.209.7682 Fax: 414.425.2527
Email: gail@stmoftours.org**

Please print clearly.

PERSONAL			
Last Name	First Name	Middle Name	Date
Street Address			Home Phone ()
City/State/ZipCode			Business Phone ()
Have you ever applied for employment with us? Yes No If yes, under what name? _____ If yes, month and year: _____ Location			Social Security #
Position Desired			Pay Expected
Are you seeking: Full-Time Part-Time If part-time, what hours can you work? _____			Will you work overtime if asked? Yes No
Are you legally eligible for employment in the United States? Yes No Not Sure (If offered employment, you will be asked to provide documentation to verify eligibility.)			When will you be able to begin work?
Other special training or skills (languages, machine operation, etc.)			
How did you learn of this position?			

EDUCATION					
SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School					
College (UnderGraduate)					
College (Graduate)					
Technical Training Or Other					

Have you ever had any job related experience in the U.S. Military or other service organization (e.g. Peace Corps, community organizations, etc)?

Yes No If yes, please describe: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

EMPLOYMENT: List below all present and past employment, beginning with your most recent.
 (Do not omit any employers and explain gaps in employment.)

EMPLOYER		TYPE OF BUSINESS
Name: _____		DESCRIBE THE WORK YOU DID
Address: _____		
City/State/Zipcode: _____		
Telephone: ()	Supervisor: _____	
START DATE	DATE LEFT	REASON FOR LEAVING
STARTING SALARY	LAST SALARY	
EMPLOYER		TYPE OF BUSINESS
Name: _____		DESCRIBE THE WORK YOU DID
Address: _____		
City/State/Zipcode: _____		
Telephone: ()	Supervisor: _____	
START DATE	DATE LEFT	REASON FOR LEAVING
STARTING SALARY	LAST SALARY	
EMPLOYER		TYPE OF BUSINESS
Name: _____		DESCRIBE THE WORK YOU DID
Address: _____		
City/State/Zipcode: _____		
Telephone: ()	Supervisor: _____	
START DATE	DATE LEFT	REASON FOR LEAVING
STARTING SALARY	LAST SALARY	

Explain employment gaps: _____

May we contact the employers listed above? _____ If not, indicate by NO which one(s) you do not wish us to contact.

Have you ever been convicted of, or pled guilty or nolo contendere to, an offense, (including felony, misdemeanor or municipal ordinance), or are you now subject to a pending criminal charge? Yes No If yes, describe in detail.
 (Convictions or pending charges will be considered in the hiring process only to the extent they substantially relate to the circumstances of employment sought by the applicant.)

DECLARATION

I hereby declare the information provided by me in the Application for Employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact in this application shall be considered cause for dismissal.

I understand that an investigation may be made of my employment and personal history to arrive at an employment decision. I hereby release from all liability or responsibility, all persons, schools, companies furnishing such information. I understand that only job-related information will be used in the evaluation of my qualification for any position for which I am considered.

I understand and agree that if hired, the Employer shall have the right during my time of employment or after my termination of service to furnish information to other prospective employers regarding my employment including information contained in this application. I also understand that, if employed, such employment is not binding on either me or the Archdiocese of Milwaukee for any specified period of time, and such employment may be terminated by me or the Employer for any reason at any time.

Date Signature

Addendum to Employment Application

I understand that if offered a position with St. Martin of Tours Parish, I may be required to submit to a pre-employment medical examination, drug screening and/or background check as a condition of employment. I understand those unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

Applicant Signature _____

Date _____