

**St. Alphonsus Catholic Church
EMPLOYMENT APPLICATION**

PLEASE PRINT

Date of Application: _____

Name: _____
LAST FIRST MIDDLE

Business Telephone: _____ Home Telephone: _____

Address: _____
NO. STREET CITY STATE ZIP CODE

Email Address: _____

EMPLOYMENT DESIRED

Position applying for: _____

If hired, on what date can you start work? _____

PERSONAL INFORMATION

Why are you applying for work at St. Alphonsus? _____

Are you at least 18 years old? YES NO
(If under 18, hire is subject to verification that you are of minimum legal age and have been granted a student work permit, if applicable.)

If hired, can you present proof of your legal right to live and work in the United States? YES NO

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? YES NO

If accommodations are needed, please explain: _____

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	No. of Years	Did you Graduate	Degree or Diploma
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/ University			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vocational/ Business			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Do you have any other experience, training, qualifications or skills which you believe make you especially suited for work at St. Alphonsus? If so, please explain: _____

EMPLOYMENT HISTORY

Are you currently employed?

YES NO

If so, may we contact your current employer?

YES NO

Name of Employer: _____

Address: _____
NO. STREET CITY STATE ZIP CODE

Type of Business: _____

Telephone: _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Dates of Employment: From _____ To _____

Work Schedule: Hours per Day: _____ Days per Week: _____ Months per Year: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
NO. STREET CITY STATE ZIP CODE

Type of Business: _____

Telephone: _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Dates of Employment: From _____ To _____

Work Schedule: Hours per Day: _____ Days per Week: _____ Months per Year: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
NO. STREET CITY STATE ZIP CODE

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