**EMPLOYMENT APPLICATION**

The Roman Catholic Archdiocese of Detroit is an archdiocese of the Latin Rite of the Catholic Church covering the Michigan counties of Lapeer, Macomb, Monroe, Oakland, St. Clair, and Wayne, (the “Employer”), is an equal opportunity employer which does not discriminate on the basis of race, color, religion, national origin, sex, age, mental or physical disability, genetic information, marital status, height, weight, military status, or any other legally protected status.

**Note**: Religion may be a factor in jobs where knowledge or application of the Catholic faith and Church teaching is part of the job requirements.

Please complete the entire application and sign the Authorization and Understanding at the end of the application. If there is not enough space on this form to supply all the information necessary to answer a question or supply complete information, please attach additional pages.

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full address (including Street, City, State, Zip code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_Yes \_\_\_No (Proof of identity and eligibility will be required upon employment.)

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) \_\_\_Yes  \_\_\_No

Do you have a driver’s license? \_\_\_Yes \_\_\_No

Can you work any shift? \_\_\_Yes  \_\_\_No  If no, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you work overtime, including weekends? \_\_\_Yes \_\_\_No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_Yes  \_\_\_No

**Note: If you require a reasonable accommodation, you must notify us in writing within 182 days after the need for accommodation becomes known.**

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hourly rate/Salary desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? \_\_\_Yes \_\_\_No If so, may we contact your present employer? \_\_\_Yes  \_\_\_No

**REFERRAL SOURCE**

How did you hear about us? Website \_\_\_  Advertisement \_\_\_  Referral \_\_\_ Other

Have you ever worked here before? \_\_\_Yes  \_\_\_No

If so, when, in what position and at what location?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know anyone who is employed with the Archdiocese of Detroit or any of its entities? \_\_\_Yes \_\_\_ No

If yes, please state the person’s name and relationship to you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name and location of school**  | **Degree/Certificate**  | **Major/Area of Study** |
| High School |    |    |    |
| College or University |    |    |    |
| Trade, Business or other School |    |    |    |

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| From | To | Employer Name | Telephone |
| Job Title | Address |
| Immediate supervisor and title | Summarize the nature of work performed and job responsibilities |
|    |    |
| Reason for leaving  |
| From | To | Employer | Telephone |
| Job Title | Address |
| Immediate supervisor and title | Summarize the nature of work performed and job responsibilities |
|    |    |
| Reason for leaving |
| From | To | Employer | Telephone |
| Job Title | Address |
| Immediate supervisor and title | Summarize the nature of work performed and job responsibilities |
|    |    |
| Reason for leaving |
| From | To | Employer Name | Telephone |
| Job Title | Address |
| Immediate supervisor and title | Summarize the nature of work performed and job responsibilities |
|    |    |
| Reason for leaving |

Professional licenses or certifications held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for?

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

May we contact your current employer? \_\_\_Yes \_\_\_No

**REFERENCES**

Give the names of three persons not related to you, whom you have known at least three (3) years.

|  |  |  |
| --- | --- | --- |
| Name | Address, Phone, Email | Occupation |
| 1 |    |    |
| 2 |    |    |
| 3 |    |    |

**AUTHORIZATION AND UNDERSTANDING**

**Please read carefully before signing**

I represent that the answers and information given by me in this application and any resume are true and complete. I understand that any incomplete, misleading or false statements in this application, a resume or in an interview can result in immediate disqualification or termination, if hired.

I authorize the Archdiocese of Detroit to verify the information I have provided and to make any investigation of my background deemed necessary, both at the time of application and later during my employment, if I am hired. I understand that the types of investigations which the Archdiocese of Detroit may perform include reference checks including personal, employment and educational reference checks, and so forth. I understand that I may have to provide further information to assist in these investigations and I may be fingerprinted. I also authorize third parties (such as former employers, financial institutions, educational institutions) contacted by the Archdiocese of Detroit to furnish any information relevant to my application for employment except health and/or disability information and I further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information as authorized. I also waive all written notice from all prior employers related to providing such information.

I have no objection to signing an employee agreement on confidential information. I consent to all medical examinations and drug and alcohol testing which may be required, both during the selection process and throughout employment, if I am later hired.

I understand and agree that if I am hired, employment is “at will” and that either I or the Archdiocese of Detroit can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings which contradict an “at will” status of employment are canceled.

In consideration of my employment, I agree to conform to the rules and policies of the Archdiocese of Detroit. Also, I agree not to begin any action or lawsuit relating directly or indirectly to employment with the Archdiocese of Detroit more than one hundred eighty (180) days after the earlier of (a) the incident or event giving rise to such action or lawsuit or (b) the date of the termination of such employment (unless there is a shorter applicable statute of limitations, in which case such statute shall apply). I waive any longer statute of limitations to the contrary.

I agree that if hired, all communications and stored information on any computer, telephone or other electronic system supplied or paid for by the Archdiocese of Detroit are the property of the Archdiocese of Detroit. I understand that I will have no expectation of privacy in such communications and information and I consent to Employer’s retrieval and monitoring of all such communication and information.

This application for employment shall be considered active for one hundred twenty (120) days. If I wish to be considered for employment after that time period, I understand that I must inquire at that time whether or not applications are being accepted.

**My signature below indicates that I have read and understood the above paragraphs.**

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