Name:	Position:



Archdiocese of Indianapolis

Mission Statement of the Archdiocese of Indianapolis

We the Church in Central and Southern Indiana, called to faith and salvation in Jesus Christ in the Roman Catholic tradition, strive to live the Gospel by:

- · Worshiping God in word and sacrament
- · Learning, teaching and sharing our faith
- Serving human needs

We commit ourselves to generosity and to the responsible use of our spiritual and material resources.

Values

- Prayer and spiritual growth
- · Life-long learning and sharing our faith
- · Parish and family, the individual and community
- · Justice and consistent moral standards
- Pro-active leadership and shared responsibility
- · Vital presence in urban, suburban, and rural neighborhoods
- Stewardship

Goals

- Foster spiritual and sacramental life
- Teach and share Catholic belief, traditions, and values
- Provide for the pastoral and leadership needs of the people of the Archdiocese
- Work for peace and social justice through service and advocacy
- Promote generous sharing and responsible use of all human and material resources

Name:	(First)	E-ma	il Address: ₋				
		(Middle Initial) Tele					
ity:			tate:	_ Zip Co	ode:		
osition Applied For	:	Salary Expected:	Date	Availah	ole For W	Vork:	
BACKGROU	JND INFORMATION						
lease note consen	nt to investigate background on t	he last page.				YES	NO
Are you legally eli	gible to work in the U.S.?						
	nvicted of a felony or a misdemeanon expunged by a court?	r (other than a minor traffic violation)				
Do you have any	pending criminal charges?	not automatically preclude employme	ent.)				
(A conviction of	a crime and/or pending charges win						
,	1	ver determined that you have abused	a child?				
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WORK EXPERIENCE

List all employment starting with present or most recent employer. Account for all periods, including unemployment and service with U.S. Armed Forces. Also include relevant voluntary and/or part-time work experience. Use additional sheets if necessary.

1)	Organization Name:
	Address:
	Dates of Employment: From / / to / / Final Salary:
	Last Position Held: Reason for Leaving:
	Description of your Work:
	Name/Title of Supervisor:
2)	Organization Name:
	Address:
	Dates of Employment: From / / to / / Final Salary:
	Last Position Held: Reason for Leaving:
	Description of your Work:
	Name/Title of Supervisor:
3)	Organization Name:
	Address:
	Dates of Employment: From / / to / / Final Salary:
	Last Position Held: Reason for Leaving:
	Description of your Work:
	Name/Title of Supervisor:
4)	Organization Name:
	Address:
	Dates of Employment: From / / to / / Final Salary:
	Last Position Held: Reason for Leaving:
	Description of your Work:
	Name/Title of Supervisor:

MILITARY SERVICE RECO	RD		
Are you now or were you ever in the U.S. Arme	ed Forces, Reserves o	or National Guard?: ☐ Yes ☐ No	If yes, what branch:
Dates of Duty: From To)	Rank:	
List Duties in the Services, including Special Tra	ining:		
	0		
REFERENCES (Work or Profes	ssional)		
NAME		OCCUPATION	PHONE NUMBER
Have you ever been bonded? If yes, on what job			
Were you referred to us by an employment age.	ncy? I	f so, whom?	
I state and affirm that I am not currently obligated or duties as an employee of The Archdiocese of Indianap contract or other agreement to bring an action agains	olis or any of its agencie	es. No person, partnership or corporation l	has a contractual right under any employment
I understand that any employment or offer of employ. Control Act of 1986.	ment is contingent on m	ny meeting the employment eligibility requ	irement of the Immigration Reform and
I understand that, if employed, this application does not any time, without notice or cause, notwithstanding any authorized representative of my employer. I further uppractices relating to wages, hours, benefits, or other to	y oral or written statem nderstand that my emplo	ents by either party unless set out in writing over may at its discretion, modify, amend of	ng, dated, and executed by both me and an
The information contained in this application is true a mation I have provided in this application will result verify any information I have provided in this application and information checks with the Social Security A Child Protective Services, credit bureaus, and employe fellow employees, educational and training institutions records to you and hereby release all such persons froment is dependent on the results of a background.	in my discharge should a tion. This information m Administration, criminal d er mutual associations. I s, and any other persons om any liability for furni	I be employed by the Archdiocese. I furthe, nay include present and former employers, courts, state and county repositories of crin also authorize my present employer and a s to furnish any information concerning my	r authorize you and any interested party to educational and training institutions, verifica- minal records, Department of Motor Vehicles, ny previous employers, present or previous y personal character, habits or employment
Signed	Date	WITNESS	