

# Sacred Heart Catholic School

## APPLICATION FOR EMPLOYMENT

This application must be filled out completely, and signed and dated by the applicant. **FILL OUT ALL SPACES WITH REQUESTED INFORMATION OR ENTER "N/A"**. St. Mary's Catholic School is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, age or disability. In cases where a position may require the candidate to be a practicing member of the Catholic Church, a notice will be placed on the job posting announcement on the Diocese of Austin website.

**Please attach Resume**

**DATE OF APPLICATION:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAME:**

**Last**

**First**

**MI**

**MAILING ADDRESS:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_  
Home

(\_\_\_\_) \_\_\_\_\_  
Work

(\_\_\_\_) \_\_\_\_\_  
Cell

**POSITION** for which you are applying: \_\_\_\_\_

Full Time: \_\_\_\_ Part Time: \_\_\_\_ Temporary: \_ Date available for work: \_\_\_\_\_

Are you bi-lingual (English/Spanish)? Yes \_\_\_\_ No \_\_\_\_

Level of fluency: **Conversing:** \_\_\_\_Excellent \_\_\_\_Good \_\_\_\_Poor

**Writing:** \_\_\_\_Excellent \_\_\_\_Good \_\_\_\_Poor

**Reading:** \_\_\_\_Excellent \_\_\_\_Good \_\_\_\_Poor

Please note other/additional languages spoken: \_\_\_\_\_



## EMPLOYMENT HISTORY

List all places where you have been employed during the last 10 years, starting with the most current and working back. Account for all periods of unemployment longer than 30 days.

Company Name: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_ May we Contact this Employer: Yes No

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervised others? Yes No

Description of Duties: \_\_\_\_\_

Describe any disciplinary or performance problems: \_\_\_\_\_

Reason for leaving (or wanting to leave) this company: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_ May we Contact this Employer: Yes No

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervised others? Yes No

Description of Duties: \_\_\_\_\_

Describe any disciplinary or performance problems: \_\_\_\_\_

Reason for leaving (or wanting to leave) this company: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_ May we Contact this Employer: Yes \_\_\_ No \_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervised others? Yes \_\_\_ No \_\_\_

Description of Duties: \_\_\_\_\_

Describe any disciplinary or performance problems: \_\_\_\_\_

Reason for leaving (or wanting to leave) this company: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_ May we Contact this Employer: Yes \_\_\_ No \_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervised others? Yes \_\_\_ No \_\_\_

Description of Duties: \_\_\_\_\_

Describe any disciplinary or performance problems: \_\_\_\_\_

Reason for leaving (or wanting to leave) this company: \_\_\_\_\_

**Attach additional pages if more space is needed.**

**PLEASE READ AND INDICATE YOUR UNDERSTANDING OF THE FOLLOWING STATEMENTS BY SIGNING THE SPACE PROVIDED BELOW.**

1. I certify that **all** information provided by me in connection with this application for employment, whether specifically listed on this document or provided by other means, is true and complete, and I understand that any misstatement, falsification, omission or concealment of any information may be grounds for refusal to hire or, if already hired, immediate termination of employment.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States of America.
3. I give permission to the Diocese of Austin to check with any law enforcement or criminal justice agencies for my criminal history or driving record.
4. I understand and accept the condition of employment that requires my professional and personal conduct to conform to the ethical and moral teachings of the Roman Catholic Church.
5. I authorize **any** of the persons or organizations referenced in this application to provide any and all information concerning my previous employment, education or any other information they might have, whether personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information or from any use of this information.

**SIGNATURE:** No application for employment will be considered unless it has the original handwritten signature of the applicant on the signature line below.

**ELECTRONIC SIGNATURE:**  By checking this box and typing my name on the signature line, I submit this application as if I were signing it in my own handwriting, and agree that the employer may rely on this action as my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed

**How did you learn of this position?**

Local Newspaper  
 Diocesan employee  
 Work in Texas

Internet  
 Catholic Spirit  
 Other \_\_\_\_\_

Diocesan website  
 Parish Bulletin

**Catholic Schools Office Use Only:** Date received: \_\_\_\_\_ Received by: \_\_\_\_\_