



EMPLOYMENT APPLICATION

POSITION APPLYING FOR _____ DATE _____

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

E-MAIL ADDRESS _____

HOME TELEPHONE NUMBER _____ BUSINESS TELEPHONE NUMBER _____

CELL PHONE NUMBER _____ ARE YOU AT LEAST 18 YEARS OLD? YES NO

SOME POSITIONS, BY NATURE OF THEIR MINISTERIAL PURPOSE, REQUIRE APPLICANTS TO BE CATHOLIC.
 If the position, as indicated in the minimum requirements for the position, requires such: Are you Catholic? YES NO
 To what Catholic parish or faith community do you belong? _____

ARE YOU CURRENTLY OR HAVE YOU EVER WORKED FOR A PARISH, SCHOOL, CHANCERY OR AGENCY OF THE ARCHDIOCESE OF SEATTLE, CATHOLIC COMMUNITY SERVICES, OR OTHER CATHOLIC ENTITY, OR ARE AN ORDAINED PRIEST/WOMEN RELIGIOUS?
 YES NO
 IF YES, PLEASE INDICATE WHERE: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?
 (Proof of employment eligibility will be required upon employment) YES NO

HOW DID YOU HEAR ABOUT THIS OPENING? _____
Please list specific website, newspaper, etc.

EDUCATION/SKILLS:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	GRADUATED?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Persons needing accommodation to complete the application process should notify the parish.

OTHER TRAINING/EDUCATION/SKILLS:

PREVIOUS EXPERIENCE:

Please list name, address, and phone number of previous employment, military, or volunteer experience with most recent experience first.

1. Name of Organization _____ From _____ To _____

Status: ___ Volunteer ___ Full Time paid ___ Part Time paid

Address _____

Phone number _____ Supervisor _____

Job Title _____

Duties and responsibilities of position:

Reason for Leaving _____

Name known by (if different than present name) _____

2. Name of Organization _____ From _____ To _____

Status: ___ Volunteer ___ Full Time paid ___ Part Time paid

Address _____

Phone number _____ Supervisor _____

Job Title _____

Duties and responsibilities of position:

Reason for Leaving _____

Name known by (if different than present name) _____

3. Name of Organization _____ From _____ To _____

Status: ___ Volunteer ___ Full Time paid ___ Part Time paid

Address _____

Phone number _____ Supervisor _____

Job Title _____

Duties and responsibilities of position:

Reason for Leaving _____

Name known by (if different than present name) _____

