

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: _____

