

# SIOUX FALLS CATHOLIC SCHOOLS APPLICATION FOR EMPLOYMENT



SIOUX FALLS CATHOLIC SCHOOLS (SFCSS) DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, DISABILITY, OR MILITARY SERVICE. SFCSS DOES RESERVE THE RIGHT TO EMPLOY THOSE WHO CAN BEST ADVANCE ITS CATHOLIC MISSION. PLEASE INFORM THE RECEPTIONIST IN ADVANCE OF ANY ACCOMMODATIONS YOU MAY NEED TO PARTICIPATE IN OUR APPLICATION PROCESS.

## PERSONAL

<b>LAST NAME</b>	<b>FIRST</b>	<b>MIDDLE</b>	<b>DATE</b>
STREET ADDRESS		HOME PHONE OR CELL PHONE (     )     --	
CITY, STATE, ZIP		EMAIL ADDRESS	
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MONTH AND YEAR                      LOCATION:		SOCIAL SECURITY NO.	
POSITION DESIRED		PAY EXPECTED	
APART FROM ABSENCE FOR RELIGIOUS OBSERVANCE, ARE YOU AVAILABLE FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NOT, WHAT HOURS CAN YOU WORK?		WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?		WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?	
OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC.)			
HOW DID YOU LEARN OF OUR ORGANIZATION?		RELIGION PREFERENCE: PARISH:	
Have you been arrested or convicted of a felony or misdemeanor, which has not been annulled, expunged or sealed by court, excluding anything in juvenile court and traffic offenses? <input type="checkbox"/> YES <input type="checkbox"/> NO    If Yes, describe in full:			

## EDUCATION AND TRAINING

EDUCATION	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE/ VOCATIONAL SCHOOL					
HIGH SCHOOL					
ELEMENTARY					
OTHER					

## REFERENCES

Include supervisors other than those listed in employment history (e.g. pastor, character references, etc.)

Name	Position/Company	Address	Phone Number
1)			
2)			
3)			

# EMPLOYMENT HISTORY

Beginning with the present or most recent employer, give a complete full-time employment record.

COMPANY NAME	TELEPHONE (      )      --
ADDRESS	EMPLOYED (state Month and Year) FROM                      TO
STATE JOB TITLE AND DESCRIBE YOUR WORK	SUPERVISOR:
	REASON FOR LEAVING:

COMPANY NAME	TELEPHONE (      )      --
ADDRESS	EMPLOYED (state Month and Year) FROM                      TO
STATE JOB TITLE AND DESCRIBE YOUR WORK	SUPERVISOR:
	REASON FOR LEAVING

COMPANY NAME	TELEPHONE (      )      --
ADDRESS	EMPLOYED (state Month and Year) FROM                      TO
STATE JOB TITLE AND DESCRIBE YOUR WORK	SUPERVISOR:
	REASON FOR LEAVING

<b>MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? PLEASE INDICATE BELOW THOSE YOU DO NOT WANT US TO CONTACT.</b>	
DO NOT CONTACT: EMPLOYER:	
REASON:	

## SIGNATURE AND AUTHORIZATION

ACCEPTANCE OF THIS APPLICATION BY SFCS AFFORDS THE APPLICANT NO ASSURANCE OF EVENTUAL EMPLOYMENT. IF YOU RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT, YOU WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION, VERIFY YOUR ABILITY TO LEGALLY ACCEPT EMPLOYMENT IN THE UNITED STATES, AND TO HAVE BACKGROUND INVESTIGATIONS, INCLUDING CRIMINAL RECORD AND CONTACTING FORMER EMPLOYERS. EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH REASONABLE NOTICE, WITH OR WITHOUT CAUSE, AT ANY TIME BY SFCS.

I HAVE READ THE FOREGOING INSTRUCTIONS AND QUESTIONS AND MY ANSWERS ARE TRUE AND CORRECT. I HAVE NOT KNOWINGLY MISREPRESENTED OR WITHHELD ANY FACT OR CIRCUMSTANCE THAT WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY.

SIGNATURE OF APPLICANT \_\_\_\_\_

<b>HUMAN RESOURCES ONLY</b>	
INTERVIEWED BY:	DATE: