# CATHOLIC CHARITIES of SOUTHERN COLORODO

## 429 West 10th Street

## Pueblo, Colorado 81003

**APPLICATION FOR EMPLOYMENT**

Please print all information and answer every question.

## PERSONAL INFORMATION

Name Date

LAST FIRST MIDDLE INITIAL

Address

STREET CITY STATE ZIP CODE

Cell Phone Number Home Telephone Number(s)

Personal Email address

Are you 18 years of age or older? If hired, you may be required to submit proof of age.

When can you start? How were you referred to us?

Have you worked here or applied here before? If so, when?

Do you have any friends or relatives that are currently or have previously been employed with Catholic Charities?

Yes No If yes, please list their name(s):

For driving jobs only: Do you have a valid drivers license and proof of insurance?

Please enter Drivers License Number

Please explain any suspensions or revocations of your drivers license in the past seven years on a separate sheet of paper.

## POSITION DESIRED

Position Title:

Check One: FULL TIME PART TIME EITHER

## 

## EDUCATIONAL BACKGROUND

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name and Location | Degree or Diploma Obtained | Subject Area | Dates |
| High School  or GED |  |  |  |  |
| Vocational  Training |  |  |  |  |
| College or  University |  |  |  |  |
| Other |  |  |  |  |

**EMPLOYMENT EXPERIENCE**

List all of your current and previous positions (paid and unpaid) in chronological order starting with the most recent. Please complete this section and attach additional sheets as needed even if you submit a resume.

1. **Employed From** To Company Name Your Title Address Your Department City & State Supervisor's Phone # Supervisor's Name and Title Work Performed Reason for Leaving Would you like to be notified before we contact your present employer? YES NO
2. **Employed From** To Company Name Your Title Address Your Department City & State Supervisor's Phone # Supervisor's Name and Title Work Performed Reason for Leaving
3. **Employed From** To Company Name Your Title Address Your Department City & State Supervisor's Phone # Supervisor's Name and Title Work Performed Reason for Leaving
4. **Employed From** To Company Name Your Title Address Your Department City & State Supervisor's Phone # Supervisor's Name and Title Work Performed Reason for Leaving
5. **Employed From** To Company Name Your Title Address Your Department City & State Supervisor's Phone # Supervisor's Name and Title Work Performed Reason for Leaving

## REFERENCES

Give three or more references who can attest to your character, personality and work history. Do not include family members or supervisors listed on the previous page.

|  |  |  |
| --- | --- | --- |
| Name and Position | Address | Telephone Number |
|  |  |  |
|  |  |  |
|  |  |  |

Have you worked or attended school under any other name?

## APPLICANT’ S DECLARATION, AUTHORIZATION AND RELEASE

My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorizethe Employer and its agents to verify any information related to my application or resume. I also authorize and direct individuals, schools, employers, and law enforcement or government officials to freely provide any information concerning my background, and hereby release any and all of them from any liability for doing so. If I am employed, I understand that I will be employed on an at-will basis for an indefinite period of time and that my employer may terminate my employment at any time and for any reason.

*Date Print Name*

*Signature*