



Archdiocese of Chicago

An Equal Opportunity Employer

Application for Employment or Volunteer Service

Thank you for filling out this application. This form is designed for those applying for a position with any department, agency, or parish of the Archdiocese of Chicago, including current employees or applicants seeking paid employment or volunteer work involving regular contact with children.

The Archdiocese of Chicago complies with all laws concerning nondiscrimination in employment. We do not unlawfully discriminate on the basis of race, religion, color, sex, national origin, marital status, age, unfavorable discharge from military service, arrest record, or mental or physical handicap unrelated to ability to perform the duties of the position. It is our policy to offer reasonable accommodations for the special needs of otherwise handicapped individuals.

Please keep in mind that acceptance of this form does not constitute a contract of employment nor is it a commitment to the applicant.

Section A: Basic Information (please print)

Last Name		First Name		Middle Name	
Address		Apt #	City	State	Zip
Phone Number - Cell #	SSN	Email Address			
Are you legally eligible for employment in the United States of America? <input type="radio"/> Yes <input type="radio"/> No		Have you ever used a surname other than the name you indicated above? <input type="radio"/> Yes <input type="radio"/> No			
If "yes" state name used and explain:					
What position are you applying for?				Date Available?	
Salary requirements (only if applicable)					
How were you referred to us?					

Section B: Education

High School Name	Address	Degree Earned? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> GED	
College Name	Address	Major	Degree
Graduate School Name	Address	Major	Degree
Other Education (please describe)	Address	Major	Degree

Section C: Employment

Please list chronologically, your employment and volunteer activities. If there were times you were not employed nor volunteering, include those dates and describe your principal activities.

Employer Name		Position Held	Direct Supervisor's Name
Date Hired	Term Date	Phone Number	Reason for Leaving

Employer Name		Position Held	Direct Supervisor's Name
Date Hired	Term Date	Phone Number	Reason for Leaving

Employer Name		Position Held	Direct Supervisor's Name
Date Hired	Term Date	Phone Number	Reason for Leaving

Employer Name		Position Held	Direct Supervisor's Name
Date Hired	Term Date	Phone Number	Reason for Leaving

Section D: References

If you have never been employed or volunteered, please list three personal references:

Reference Name	Relationship	Full Address
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Reference Name	Relationship	Full Address
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Reference Name	Relationship	Full Address
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Reference Check (For office use only)

Reference Name	Date Verified	Verifier
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Reference Name	Date Verified	Verifier
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Reference Name	Date Verified	Verifier
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Have you ever been convicted of a crime? Yes No If you have been convicted, of a crime other than a minor traffic offense, please state the following in the box below: Nature of conviction, date, sentence received, sentence served, including date and location, probation or parole officer, and any other facts or circumstances you wish to provide. Applicants are not obligated to disclose records of arrest or conviction that have been expunged or sealed, nor an expunged juvenile record. Employers may not ask if the applicant has had records expunged or sealed.

I certify that the information and statements contained within this application are true and complete to the best of my knowledge. I understand that any falsification or omission of information requested in this application will result in termination of my employment.

I authorize the Archdiocese of Chicago or its agents to undertake any investigation it deems appropriate in connection with this application, including contact with all prior employers and a criminal background check.

Signature _____

Date _____

For current employees or applicants seeking paid employment or volunteer work involving regular contact with children:

Check one box - do not sign unless you understand the law.

- I am aware of the Illinois Abused and Neglected Child Reporting Act and its reporting requirements.
- I am not aware of this act and need to have it explained to me.
- I have had this act explained to me and I now understand it.

Signature _____

Date _____