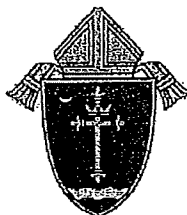


ARCHDIOCESE OF ST. LOUIS
APPLICATION FOR EMPLOYMENT



20 Archbishop May Drive
St. Louis, MO 63119
314-792-7540
HR email: humanresources@archstl.org

The Archdiocese of St. Louis offers equal employment opportunities to all persons without regard to race, color, age, sex, national origin, disability, citizenship or any other category protected by federal law, state and local law. (However, in certain instances, a bonafide occupational qualification may require that only persons of the Catholic faith or a specific gender be considered for a particular position.)

PERSONAL INFORMATION

NAME: _____

Have you ever used any other names in the past? ☐ Yes ☐ No

If yes, please list all other names that you have used and the dates during which you used these names which the Employer would need to know in order to check your previous employment, education or licensure.

CURRENT ADDRESS: _____

If you have lived at the above address for less than 12 months, list previous address:

CONTACT INFORMATION: Home Phone: _____ Mobile Phone: _____ Email: _____

POSITION(S) SEEKING: _____

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary/Seasonal Hourly or Salary Desired: _____

Are you under the age of 18? ☐ Yes ☐ No

Are you able to perform the essential functions involved in the position for which you are applying with or without a reasonable accommodation? ☐ Yes ☐ No

Have you ever been employed by the Archdiocese of St. Louis? ☐ Yes ☐ No If yes, please list dates of employment.

Please list any relatives currently working for the Archdiocese of St. Louis.

What date would you be available for work? _____

Have you ever been discharged or requested to resign from any position? ☐ Yes ☐ No If yes, explain.

Have you ever been convicted of or pleaded guilty to a misdemeanor or felony? ☐ Yes ☐ No

If yes, please state the nature of the offense for which you were convicted or pleaded guilty, the date of the conviction or the entering of the plea, the judgment imposed, the court imposing the judgment and its location, and the docket number of the proceeding.

A "yes" response to either of the two preceding questions will not disqualify you from consideration for employment. A record of a conviction, or a refusal by a surety company to issue or continue a bond on your behalf, does not mean that you cannot be hired. The nature and circumstances of any conviction or bond refusal, how long ago either occurred, and other factors, including the relationship of the conviction or bond refusal to the position of which you are applying, are all important in the employment consideration. Thus, please provide a complete response to these questions so that an appropriate decision may be made.

In connection with your application for employment and at any time during your employment if you are hired, you may be required to submit to the Employer a copy of any and all records regarding your convictions that have been maintained by either the police or sheriff departments. If you have not been convicted of or pleaded guilty to a misdemeanor or a felony, you may be required to submit written confirmation of that which is signed by an authorized official of the police and sheriff departments listed above.

Have you at any time been accused of child abuse? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.) ☐ Yes ☐ No

If yes, please complete the following questions:

Provide in detail the date, the place, and an account of the circumstances surrounding each allegation of child abuse.

Did any administrative or judicial proceedings arise out of the allegations of child abuse? ☐ Yes ☐ No

If yes, please identify the agency or court in which the proceeding was brought and its location, the parties to that proceeding, the docket number of the proceeding, and any judgment or resolution that was entered or reached.

Are you under the supervision of any federal, state or local agency as result of any allegations of child abuse? ☐ Yes ☐ No

A "yes" response to any of the three preceding questions will not necessarily disqualify you from consideration for employment. The nature and circumstances of the matters reported as well as their disposition are all important in the employment consideration.

EMPLOYMENT EXPERIENCE

Employer	Positions held, primary duties, and effective dates
Address	
Job Title	
Supervisor	
Contact Info	Dates Employed From : To:
Reason for Leaving	Starting Pay: Ending Pay:

Employer	Positions held, primary duties, and effective dates
Address	
Job Title	
Supervisor	
Contact Info	Dates Employed From : To:
Reason for Leaving	Starting Pay: Ending Pay:

Employer	Positions held, primary duties, and effective dates
Address	
Job Title	
Supervisor	
Contact Info	Dates Employed From : To:
Reason for Leaving	Starting Pay: Ending Pay:

Describe any specialized training, apprenticeship or skills you possess.

EDUCATION

College / University

School

City, State, Zipcode

Diploma/Degree

Course of Study

Graduate / Professional

School

City, State, Zipcode

Diploma/Degree

Course of Study

PROFESSIONAL REFERENCES

List the names and contact information of three professional references.

I grant permission to the Employer to investigate thoroughly my complete personal, educational and work histories and verify all information given by me in connection with my seeking employment with the Employer. I also grant permission to the Employer to contact, in connection with my application and periodically thereafter if I am employed, the Missouri Division of Family Services and any other governmental agencies, organizations, corporations, entities, or individuals that the Employer deems necessary in order to verify the continued accuracy of any information given in connection with this application. And I further agree to complete, in connection with my application and periodically thereafter if I am employed, any and all forms required by the Employer (including, but not limited to an application for child abuse/neglect screening form to be submitted to the Missouri Department of Social Services). In addition, I release the Employer and all of its agents, as well as any individual or organization and all of their agents who supply written or oral information regarding myself to the Employer, from any and all liabilities resulting from such investigation or verification. I understand and agree that I may be denied employment or, if I am already employed, that my employment may be terminated based on information obtained during that investigation or verification. Upon termination of my employment with the Employer, regardless of when, how or why my employment is terminated, and whether such termination is effected by me or by the Employer, I authorize the release of reference information on all aspects of my employment history with the Employer and release the Employer and all of its agents from any and all liability resulting from disclosure of information on my employment history.

In addition, I understand and agree that this application will be considered valid for a period of forty-five (45) days. I recognize that, if I wish to be considered after forty-five (45) days, I must complete a new application for employment.

I understand and agree that, if I am offered employment by the Employer, my employment will be based upon mutual agreement and that either the Employer or I may terminate the employment relationship at any time and for any reason. I further understand that no supervisor, agent or representative of the Employer has any authority to enter into any oral or written employment agreement with me for any period of time or to make any oral or written agreement contrary to the foregoing.

Finally, I certify that I have given true and accurate information and that I have read and agreed to the conditions of employment stated in this application and authorize the release as set forth above. If any information contained in this application is found, in the opinion of the Employer, to be false in any respect, my application for employment may be rejected. Similarly, if I am already employed, I will be subject to discharge without notice at any time.

Applicant's signature

Date

I recognize that the electronic entry is the equivalent of my physical signature.