## CATHOLIC DIOCESE OF SAVANNAH

601 E. Liberty St., Savannah, GA 31401-5196 Tel: 912-210-4100

Fax: 912-201-4101

## **APPLICATION FOR EMPLOYMENT**

Please complete this application and return it to the Diocese of Savannah at the above address. An incomplete application will eliminate your candidacy. Please note we comply with all applicable equal employment opportunity laws and do not discriminate in hiring, promotion, or other employment decisions on the basis of race, age, sex, color, disability, veteran status or national origin.

APPLICANT INFORMATION										
Last Name				First			M.I.	Date		
Street Address								Apartment/Unit #		
City				State			ZIP			
Phone				E-mail Address						
Date Available Religious		Religious A	Affiiation De			Des	sired Salary			
Position Applied for										
Are you a citizen of the United States?				IO If no, are you authorized to work in the U.S.? YES NO						
Have applied for employme	№ □	If so, when?								
Have you ever been convicted of a felony? YES NO If yes, explain										
Have you ever been employed by the Diocese, any Catholic parish or school, or other Catholic agency? YES NO										
EDUCATION										
High School	igh School									
From To	Did you gi	raduate?	YES 🗌	NO $\square$	Degree					
College	ollege Address									
From To	Did you gi	Did you graduate?		NO Degree						
Other			Address							
From To	Did you gi	raduate?	YES 🗌	NO 🗌	Degree					
	·									
REFERENCES										
Full Name					Relationship					
Company					none (	)				
Address										
Full Name					Relationship					
Company				Pl	Phone ( )					
Address										
Full Name					Relationship					
Company				Pl	ione (	)				
Address										

PREVIOUS EMPLOYMENT										
Company		Phone ( )								
Address		Supervisor								
Job Title			Starting Salary	\$		Ending Salary \$				
Responsibilities										
From To		Reason for Leaving								
May we contact your previous supervisor for a reference? YES NO										
Company		Phone ( )								
Address		Supervisor								
Job Title			Starting Salary	\$		Ending Salary \$				
Responsibilities										
From To Reason for Leaving										
May we contact your pr	revious superv	visor for a reference?	NO 🗆							
Company		Phone ( )								
Address			Supervisor							
Job Title	Starting Salary	\$		Ending Salary \$						
Responsibilities										
From To		Reason for Leaving								
May we contact your previous supervisor for a reference?										
MILITARY SERVICE										
Branch		From To								
Rank at Discharge		Type of Discharge								
If other than honorable, explain										
DISCLAIMER AND SIGNATURE										
I certify that the above information is true and complete to the best of my knowledge. I understand any statement I have furnished which is shown to be false will be cause for disregard of this application or will be cause for my immediate dismissal if I have been hired.										
I understand that any offer of employment is contingent on my meeting the employment eligibility requirements of the Immigration Reform and Control Act.										
I authorize the Diocese of Savannah to conduct any and all inquiries that it may deem necessary to verify the information provided by me and/or to supplement this information. I authorize the Diocese of Savannah to conduct a personal and professional background check for the purposes of my application.										
I authorize any former employer, or any other person, firm, corporation, or government agency to provide the Diocese of Savannah with any information concerning me. In addition, I release such employer, firm, corporation, or government agency from any previous agreement, verbal or written, which would prohibit the release of information pertinent to my application for employment.										
I understand that if I am employed by the Diocese of Savannah, I will be employed on an at-will basis, meaning that either the Diocese of Savannah or I will have the right to terminate the employment relationship at any time, with or without cause.										
Signature Date										