

4200 N. Kentucky • P.O. Box Box 4169 • Evansville, IN 47724-0169

## **APPLICATION FOR EMPLOYMENT**

The Catholic Diocese of Evansville is an equal opportunity employer and does not discriminate or deny services on the basis of race, color, national origin, sex, disability, or age. Certain positions within the diocese require that the incumbent be a practicing Catholic. Employees of the diocese, whether Catholic or non-Catholic, are required to maintain a lifestyle in keeping with the teaching and faith of the Catholic Church. All employees of the Catholic Diocese of Evansville (1) must have a marital status that is in compliance with the requirements of the Catholic faith; (2) cannot live in cohabitation outside of marriage and (3) cannot be an active, practicing homosexual person. If an employee enters into a lifestyle that is contrary to the above listed three points he or she will be terminated.

Date of this application:			
Name:Last	First	-	Middle
Social Security Number:			
Present Address:			
City:	State:	ZIP:	
Phone Number:	Cell Phone or Pager N	lumber:	3.00
If you are under age eighteer	n, can you provide a work permit?	Yes	No
For what position are you app	olying?		
Are you applying for full-time	or part-time employment?		
Have you worked for the dioc	ese or any of its agencies before?	Yes	No
Date you would be available	for employment?	1.760	2.2
Desired salary or hourly wag	e?		

## **EDUCATION**

School Name	Location	of years completed	Diploma or degree
High School			\ \
College			· · · · · · · · · · · · · · · · · · ·
Graduate		-	
Business or Trade School	3	•	
Other		-	<del>-</del>
PROFESSIONAL AND PERSO	NAL REFERENCES		
Name:	Name:		
Occupation:	Occupat	ion:	-
Phone:	Phone:		
Name:	Name:		
Occupation:			
Phone:	Phone:		
Employment Record (Be	gin with most recent position)		
(1) Name of employer:	Supervis	sor:	
Address:	Pho	ne:	
City:	State:	ZIP:	
Position:			
Duties:			
Start Date:			
Starting Pay Rate:		Rate:	
Reason for leaving:			

Starting Pay Rate:	(2) Name of employer:	Supervisor:		
Position:  Duties:  Start Date:  Starting Pay Rate:  Reason for leaving:  (3) Name of employer:  Address:  Phone:  City:  State:  Start Date:  Start Date:  Start Date:  Start Date:  Starting Pay Rate:  Final Pay Rate:  End Date:  Start Date:  Start Date:  Starting Pay Rate:  Reason for leaving:  (4) Name of employer:  Address:  Phone:  City:  State:  ZIP:  Position:  Duties:  Start Date:  Starting Pay Rate:  Final Pay Rate:  Phone:  City:  State:  ZIP:  Position:  Duties:  Start Date:  Start Date:  Start Date:  Final Pay Rate:  Final Pay Rate:  Start Date:  Start Date:	Address:	Phone:		
Position:  Duties:  Start Date:  Starting Pay Rate:  Reason for leaving:  (3) Name of employer:  Address:  Phone:  City:  State:  Start Date:  Start Date:  Start Date:  Start Date:  Starting Pay Rate:  Final Pay Rate:  End Date:  Start Date:  Start Date:  Starting Pay Rate:  Reason for leaving:  (4) Name of employer:  Address:  Phone:  City:  State:  ZIP:  Position:  Duties:  Start Date:  Starting Pay Rate:  Final Pay Rate:  Phone:  City:  State:  ZIP:  Position:  Duties:  Start Date:  Start Date:  Start Date:  Final Pay Rate:  Final Pay Rate:  Start Date:  Start Date:	City:			
Start Date:         End Date:           Starting Pay Rate:         Final Pay Rate:           Reason for leaving:         Supervisor:           (3) Name of employer:         Supervisor:           Address:         Phone:           City:         State:         ZIP:           Position:         Duties:         Start Date:         End Date:           Starting Pay Rate:         Final Pay Rate:         Reason for leaving:           (4) Name of employer:         Supervisor:         Address:         Phone:           City:         State:         ZIP:         Position:           Duties:         Start Date:         End Date:         Start Date:         End Date:           Starting Pay Rate:         Final Pay Rate:         Final Pay Rate:         Reason for leaving:				
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Supervisor:   Supervisor:   Address:   Phone:   ZIP:   Position:   End Date:   State:   ZIP:   Position:   Phone:   End Date:   End Date:   Starting Pay Rate:   Final Pay Rate:   Phone:   ZIP:   Position:   End Date:   E				
Supervisor:	Starting Pay Rate:	Final Pay Rate:		
Address:	Reason for leaving:			
City:         State:         ZIP:           Position:	(3) Name of employer:	Supervisor:		
City:         State:         ZIP:           Position:	Address:	Phone:		
Duties: Start Date: Start Date: Starting Pay Rate: Final Pay Rate: Final Pay Rate:  Reason for leaving:  (4) Name of employer: Supervisor: Address: Phone: City: State: ZIP: Position: Duties: Start Date: Start Date: Starting Pay Rate: Final Pay Rate: Final Pay Rate: Final Pay Rate:  Reason for leaving:  Are you able to perform the duties listed in the Position Description for the sought position?  Yes No.				
Start Date:         End Date:           Starting Pay Rate:         Final Pay Rate:           Reason for leaving:         Supervisor:           (4) Name of employer:         Supervisor:           Address:         Phone:           City:         State:         ZIP:           Position:         Duties:         End Date:           Start Date:         Final Pay Rate:         Final Pay Rate:           Reason for leaving:         Are you able to perform the duties listed in the Position Description for the sought position?         Yes         No	Position:			
Start Date:         End Date:           Starting Pay Rate:         Final Pay Rate:           Reason for leaving:         Supervisor:           (4) Name of employer:         Supervisor:           Address:         Phone:           City:         State:         ZIP:           Position:         Duties:         End Date:           Start Date:         Final Pay Rate:         Final Pay Rate:           Reason for leaving:         Are you able to perform the duties listed in the Position Description for the sought position?         Yes         No	Duties:			
Starting Pay Rate: Final Pay Rate: Final Pay Rate:				
(4) Name of employer:       Supervisor:         Address:       Phone:         City:       State:       ZIP:         Position:       Duties:         Start Date:       End Date:         Starting Pay Rate:       Final Pay Rate:         Reason for leaving:     Are you able to perform the duties listed in the Position Description for the sought position?Yes No	Starting Pay Rate:			
(4) Name of employer: Supervisor:   Address: Phone:   City: State:   ZIP:    Position:  Duties:  Start Date:  Start Date:  Starting Pay Rate:  Final Pay Rate:  Reason for leaving:  Are you able to perform the duties listed in the Position Description for the sought position?  YesNo	Reason for leaving:			
Address:	(4) Name of ampleyor:			
City: State: ZIP:				
Position:  Duties:  Start Date:  Starting Pay Rate:  Final Pay Rate:  Reason for leaving:  Are you able to perform the duties listed in the Position Description for the sought position?  Yes No.		보다 하는 사람들이 하는 사람들은 사람들이 가는 사람들이 되었다. 그리고 사용하는 <b>화사하는 화사하는 것</b>		
Duties: End Date: End Date: Starting Pay Rate: Final Pay Rate: Final Pay Rate: Are you able to perform the duties listed in the Position Description for the sought position? Yes No.	1986年 -	그리다 그 그 전 경험 경험을 가게 되었다. 하루 하고 하셨다는 그 보다는 그 그 그리고 그렇게 되는 그리고 그래요? 그리고 그래요?		
Start Date: End Date: Starting Pay Rate: Final Pay Rate: Reason for leaving: Are you able to perform the duties listed in the Position Description for the sought position? Yes No.		지위 보다 보고 물건 대체적체 활동 시험과 시험에 가고하는 사람들이 되는 것이 되는 것이 되는 것이다.		
Starting Pay Rate: Final Pay Rate: Reason for leaving: Are you able to perform the duties listed in the Position Description for the sought position? Yes No				
Reason for leaving:  Are you able to perform the duties listed in the Position Description for the sought position?Yes No		그리고 그들은 부모님들은 그 작업이다고 그는 그 그 그 그 그리고 그리고 그리고 있다면 그리고 있다.		
Are you able to perform the duties listed in the Position Description for the sought position?YesNo	ga symbol i galland a single i sign			
Are you able to perform the duties listed in the Position Description for the sought position? Yes No No Yes No Yes No Yes No Yes Yes Yes No Yes		보통 사람이 얼마를 하다는 사람들이 나는 사람들은 수 없는 것이 없는 것이 없는 것이 없었다.		
List all professional and/or trade organizations in which you hold membership that relate to the job you seek:				
	List all professional and/or trade or	ganizations in which you hold membership that relate to the job you seek:		

Please respond to the following questions and comments: (Use a separate sheet of paper if more space is needed to satisfactorily answer any question)	
1. Why are you interested in employment with the Diocese of Evansville?	
2. Summarize any special job-related skills and qualifications that you have for the position desired.	
3. Describe at least one strength and one weakness that you have in relationship to your sought pos	tion.
<ol> <li>Have you ever been convicted of a crime, other than traffic violations? Please describe. (Conviction an absolute bar to employment)</li> </ol>	n will not be
	VA.
5. Our business allows for an employee to accumulate sick leave at a rate of one day per month up to maximum of thirty days. Can you comply with this requirement?	) a
I hereby give authorization to the Diocese of Evansville, to which I am applying for employment, to convious employers and references. <i>My present employer may or may not be contacted</i> (rect response). The Diocese of Evansville is hereby authorized to make inquiries about my character, and ability. I hereby release and hold harmless anyone supplying any such information from all liability of his or her provision of such information. I hereby consent to take any tests whenever the diocese deessary in any investigation. I will hold no person, corporation, or organization liable for my giving or its information in any such investigation. I understand that upon an offer of employment I may be required physical examination prior to starting employment.	check cor- reputation, arising out eems it nec- receiving
I hereby certify that, to the best of my knowledge, my replies to all of the foregoing requests are true, cand accurate. I authorize investigation of all statements contained in this application for employment as necessary in arriving at an employment decision. I clearly understand that false or misleading statemethis application or in my interview shall be considered sufficient cause for refusal of employment or dishired.	s may be nts given on
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employmeship with the diocese is of an "at will" nature, which means that the employee may resign at any time a employer may discharge the employee at any time with or without cause. I also understand that this appropriate the employee at any time with or without cause.	nd the

Date Signature

not an agreement or contract for employment for any specified period or duration. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change

I acknowledge that this application remains in effect for thirty days. At the conclusion of that time if I have not heard from the diocese and still wish to be considered for employment, it will be necessary to reapply.

is specifically acknowledged in writing by the Bishop of the Diocese of Evansville or by his designate.