



Saint Thomas the Apostle  
 1429 Wilcox Park Dr SE  
 Grand Rapids MI 49506  
 616-458-4228 (p)  
 616-458-4583 (f)

## EMPLOYMENT APPLICATION

Please attach additional pages if more space is needed to provide all requested information.

**Date of Application** \_\_\_\_\_

### Personal Information

**Name:** \_\_\_\_\_  
Last First Middle

Are there work or background records that you may have under a different name? Yes:  No:

If yes, please write the different name(s) used.

**Phone Number:** \_\_\_\_\_ **Are you 18 years of age or older?** Yes:  No:   
**E-Mail Address:** \_\_\_\_\_

**Driver's License:** \_\_\_\_\_  
State Number Expiration Date

**Employment Eligibility:** *If hired, can you provide proof of citizenship or legal right to work?* Yes:  No:

### Employment Interest

<b>Position Applying For:</b>		<b>Source of Referral:</b>	
<b>Date Available:</b>	<b>Status Desired:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time	<b>Desired period of work and/or hours/day:</b>	<b>Desired annual salary:</b> \$
Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) which might interfere with your ability to work full-time, including overtime, in the position you are applying for?			
Are you able to perform the essential functions of the position for which you are applying with or without Accommodation?  Yes _____ No _____			
Why are you interested in employment with this organization?			

**Applicant Name:** \_\_\_\_\_  
Last First Middle

**Residential History**

**Present Address:**

Date first at this address:

\_\_\_\_\_  
P.O. Box or Street City State Zip Code Month/Year

**Previous Addresses:**

List last three residential addresses within the last seven years. Include any temporary/school addresses.

1. \_\_\_\_\_ How long at this address?  
From: / To: /  
P.O. Box or Street City State Zip Code

2. \_\_\_\_\_ How long at this address?  
From: / To: /  
P.O. Box or Street City State Zip Code

3. \_\_\_\_\_ How long at this address?  
From: / To: /  
P.O. Box or Street City State Zip Code

**Background**

Have you ever been convicted of a crime (other than minor traffic violations), or are you presently charged with a felony? Yes:  No:

If yes, please describe (attach additional sheets if necessary.)

Please be advised:  
A criminal background check will be conducted as part of the employment process. Any misrepresentation or omission of past convictions or current charges will result in disqualification from consideration for employment, and may be considered justification for dismissal if discovered at a later date.

**United States Military Service**

Branch of Service	Starting Rank	Separation Rank	Discharge Status
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Year Entered	Year Discharged	Duties in Service
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Current Reserve/National Guard Unit	Reserve/Guard Service Obligations
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**Applicant Name:** \_\_\_\_\_  
Last First Middle

**Education and Training**

**Indicate Last Level Completed:**

Elem School  Mid Sch/ Jr High  High School  Trade/ Tech  College/ Univ  Grad School

Name of High School, Tech School, and College	City/State	Major	Degree	Month/Year of Degree

Additional education, vocation, professional, military or other educational/training background information you feel may be helpful to us in considering your application.

**Employment Record**

Have you ever been employed by or contracted with the Diocese, or one of its parishes, schools or affiliate organizations? Yes:  No:

*If so, where?    When?    What position?    Supervisor's Name*

Have you ever applied to work for the Diocese, or one of its parishes, schools or affiliate organizations? Yes:  No:

*If so, where?    When?    What position?*

**Employers:** *List most recent employers first*

Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
				Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employer		Last Supervisor's Name		Reason for Leaving
Street Address, City, State, Zip Code				Phone (   )
Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
				Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employer		Last Supervisor's Name		Reason for Leaving
Street Address, City, State, Zip Code				Phone (   )

**Applicant Name:** \_\_\_\_\_

*Last*

*First*

*Middle*

Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
				Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employer	Last Supervisor's Name		Reason for Leaving	
Street Address, City, State, Zip Code			Phone (   )	

### **References**

*List three persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.*

Name/Title	E-mail or Mailing Address	Phone

### **Certification and Signature**

I certify that if employed in a Catholic educational institution, as a condition of employment I will support and exemplify in conduct both Catholic doctrine and morality as articulated in the Catechism of the Catholic Church. I will be consistent, in expression and example, with the teaching and practice of the Catholic faith and shall not advocate, encourage or counsel belief or practices that are inconsistent with the Catholic faith.

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information will be considered as grounds for rejecting this application, discontinuing the hiring process, and/or dismissal.

I authorize verification of all information provided on this application and during employment interviews; and authorize the references and employers listed above to give PARISH NAME or its affiliate organizations all pertinent information concerning my previous employment.

In being considered for employment, I give PARISH NAME or its affiliates the rights to investigate my background. I

authorize and request all persons, companies and organizations (including credit bureaus, investigative agencies, schools, and law enforcement agencies) to furnish any information about me as requested by PARISH NAME or affiliate organizations. I release from any liability any person, employer, company or organization furnishing such information. I understand results of my background check may be used in determining an offer of employment and other employment decisions.

I understand that submitting this application for consideration does not in any way obligate PARISH NAME. I understand and agree that all employment with PARISH NAME is on an at-will basis, and may be terminated by PARISH NAME at any time for any cause or no cause. I understand and agree that no one at PARISH NAME has any authority to offer employment other than on an at-will basis.

I understand and agree that an offer of employment will not be final until I have received, read, agreed to, and signed the complete list of terms of employment.

**Applicant's Signature**

**Date**