



Catholic Charities of Salina, Inc. ~ Application for Employment

(PLEASE PRINT CLEARLY)

Position applied for: _____

Referral Source: Advertisement Friend Relative Walk-In Staff Other _____

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (Zip)

Home phone: _____ Cell phone: _____ E-mail: _____

Best place and time to reach you: _____

Have you filed an application with CC of Salina before? _____ Have you ever been employed here before? _____

If yes, give dates: Date applied ____/____/____ Worked From ____/____/____ to ____/____/____

Date available for work: ____/____/____ Type of employment desired: Full-time Part-time Temporary

Will you work weekend or evenings (if required)? Yes No

Have you ever been convicted of a misdemeanor or felony Yes No? What was the conviction for and when convicted?

Please list all traffic violations: _____

(Such conviction may be relevant, but does not necessarily bar you from employment)

Do you possess a valid Kansas Driver's License? Yes No

EDUCATION

School	Name and Location		GPA Class Rank	Major	Degree or Diploma
High School					
School	Name and Location	Year Graduated	GPA/Class Rank	Major	Degree or Diploma
College					
Other					

OFFICE SKILLS: Computer Skills (list software) _____

W.P.M. _____

Other office equipment operated _____

TRAINING/CERTIFICATIONS: _____

EMPLOYMENT HISTORY: Begin with most recent, please list last three employers, assignments or volunteer activities including military experience. Explain any gaps in employment in the comment section below.

1) Company name, Address and Telephone Number	Date Started		Date Left	
Your Position and Duties	Wage	Per	Wage	Per
Supervisor's Name & Title	Reason for leaving			
2) Company Name, Address and Telephone Number	Date Started		Date Left	
Your Position and Duties	Wage	Per	Wage	Per
Supervisor's Name & Title	Reason for leaving			
3) Company name, Address and Telephone Number	Date Started		Date Left	
Your Position and Duties	Wage	Per	Wage	Per
Supervisor's name & Title	Reason for leaving			

May we contact the employers listed above? YES NO If not, indicate by number which one(s) you do not wish us to contact _____

REFERENCES: Please list three business/work references that are **not related to you** and are not listed as previous employers. If not applicable, list three school or personal references that are not related to you.

Name and Title	Address & Telephone Number	Email Address	Yrs Known

Name of Friends or Relatives affiliated with Catholic Charities _____

List other relevant skills, qualifications, interests and volunteer activities _____

List any professional organizations to which you belong _____

I certify that the information given herein is true and complete to the best of my knowledge and that falsification of this form is considered just cause for dismissal, should I be employed.

I also authorize Catholic Charities to run background checks through the Kansas Bureau of Investigation and/or Police Department and/or other criminal background checks, such as a child abuse registry check, a motor vehicle check, court diversion check, and sex offender check. All of my background and information about me will be kept confidential by Catholic Charities. **I understand that the Saline County Sheriff will have input as to my ability to perform the duties of this position, so I authorize Catholic Charities to communicate fully with that agency to ensure if hired I would be able to meet with clients in the jail as needed.**

My consent to which is hereby given, and shall be a continuing consent to periodic record checks for as long as I am employed by Catholic Charities.

Signature of Applicant

Date

Catholic Charities is an Equal Opportunity Employer. No person shall be discriminated against in employment because of race; gender, age, ethnic origin, religion, sexual preference or non-job related medical condition or handicap.