

Employment Application

CATHOLIC CHARITIES COUNSELING AND ADOPTION SERVICES (CCCAS) Date _____

Please print in ink. You must complete entire application and sign in ink. (Rev. 10/3/18)

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)

Phone Number(s)

Are you legally authorized to work in the United States? Yes No
(If hired, you will be required to provide proof of work authorization.)

Are you at least 18 years old? Yes No
If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever applied to **CCCAS** before?
 Yes No If yes, when:

Have you ever worked for **CCCAS** before?
 Yes No If yes, when:
Under what name:

Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

If they have been explained, are you able to meet the attendance requirements of the position? N/A Yes No

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond.

Position Applying For

Part-Time or Full-Time Desired

Desired Compensation

Shift Preference

When can you start?

How were you referred to **CCCAS**?

Agency

Walk-In

Internet

Newspaper

School

Friend/Relative

Other

Special Skills

1. If relevant, please describe word processing speed, software knowledge, and office equipment experience.

2. If relevant, please describe experience using manufacturing machines and equipment.

3. Please list other valuable skills you possess that would be valuable to **CCCAS**.

Education				
School	Name and Location (City, state)	No. Years Attended	Major Subjects	Diploma/Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate				Type
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)				Type
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Type

Training Courses			
List any relevant training programs completed.			
Course/Seminar	Sponsoring CCCAS	Content	Date(s) Attended

Required License(s)		
If required to drive a motor vehicle for the job applying for, state your:		
1) Driver's license number	2) state issued	3) expiration date
Are you licensed/have certifications which will assist in the job? Please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration or License Number	State Issued	Expiration Date

Employment History (Start with the most recent: use separate sheet if necessary.)

Name of Employer

Telephone ()

Address

Job Title

Employment Dates (month and year)

Name of Immediate Supervisor

From

To

Description of Duties

Reason for Leaving

If currently employed, may we contact as a reference?

Yes

No

Later

Name of Employer

Telephone ()

Address

Job Title

Employment Dates (month and year)

Name of Immediate Supervisor

From

To

Description of Duties

Reason for Leaving

Name of Employer

Telephone ()

Address

Job Title

Employment Dates (month and year)

Name of Immediate Supervisor

From

To

Description of Duties

Reason for Leaving

Employment References (List individuals familiar with your job qualifications **(other than relatives or personal friends)**)

Name

Day Telephone ()

Evening Telephone ()

Address

Relationship

How long known?

Name

Day Telephone ()

Evening Telephone ()

Address

Relationship

How long known?

Employment References (continued)

Name

Day Telephone ()

Evening Telephone ()

Address

Relationship

How long known?

Please Read Carefully Before Signing This Form

All information in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.

I authorize CCCAS to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization providing information pertaining to me or my employment.

I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it may be necessary for me to reapply and fill out a new application.

CCCAS does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local laws. Within the provision of the First Amendment of the U.S. Constitution however, we may require that due to the ministerial nature of the work to be performed, an applicant must be a practicing member of the Roman Catholic Church. In those cases, such requirement will be clearly stated in the position description and in any related advertisement for the particular job opening. Harrassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee. CCCAS takes all complaints of harrassment seriously and all complaints will be investigated promptly and thoroughly.

Regardless of whether or not I become employed by CCCAS, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at CCCAS is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or CCCAS's, unless specifically provided otherwise in a written employment contract. I further understand that no CCCAS employee or representative has the authority to enter into a contract regarding duration of terms and conditions of employment other than an officer or official of CCCAS and then only by means of a signed written document.

Signature of Applicant _____ Date _____

Thank you for your interest in CATHOLIC CHARITIES COUNSELING AND ADOPTION SERVICES.