



**Catholic Charities
of the Diocese of Stockton**
Help for Today...Hope for Tomorrow

EMPLOYMENT APPLICATION

Vision Statement:

Catholic Charities of the Diocese of Stockton partners with others in advocating for justice and serving those in need by providing help for today and hope for tomorrow.

PLEASE PRINT

Date of Application: _____

Position Applied For: _____

Name: _____

Business Telephone: () _____ - _____ Home Telephone: () _____ - _____

Email Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Name Known By (if different than present name): _____

If the position requires membership in a Catholic parish, please identify your parish: _____

How did you hear about this position?
(e.g. newspaper, website, parish bulletin, friend, etc.)



STOCKTON OFFICE 1106 North El Dorado St, Stockton, CA 95202 | P: 209-444-5900 | F: 209-444-5933
MODESTO OFFICE 1506 H Street, Modesto, CA 95354 | P: 209-529-3784 | F: 209-529-6083
MOTHER LODE OFFICE 88 Bradford Street, Sonora, CA 95370 | P: 209-532-7632 | F: 209-532-8448

EDUCATION:

| School | Name & Address, City, and Zip Code | No. of years completed | Did you graduate? | Degree or Diploma |
|----------------------------------|------------------------------------|------------------------|-------------------|-------------------|
| High School | | | | |
| College or University MAJOR: | | | | |
| College or University MAJOR: | | | | |
| Vocational or Business MAJOR: | | | | |
| Other | | | | |

1. Have you ever been employed by the Catholic Church? Yes No
If yes, when and where? _____

2. Are you at least 18 years old? Yes No

3. If hired, can you present proof of your legal right to live and work in the United States?
 Yes No

4. Are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodations? Yes No
If no, describe the functions that cannot be performed. _____

(NOTE: We comply with the ADA and consider reasonable accommodations measures that may be necessary for employees to perform essential functions.)

EMPLOYMENT HISTORY:

Begin with current or most recent employment.

Name of Employer: _____
Address: _____ City & Zip: _____
Type of Business: _____ Job Title: _____
Telephone No. () _____ Your Supervisor's Name: _____
Major Responsibilities: _____

Dates of Employment: From: _____ To: _____
Status: Full-Time Part-Time Volunteer
Reason for leaving: _____
May we contact this employer for a reference? Yes No

Name of Employer: _____
Address: _____ City & Zip: _____
Type of Business: _____ Job Title: _____
Telephone No. () _____ Your Supervisor's Name: _____
Major Responsibilities: _____

Dates of Employment: From: _____ To: _____
Status: Full-Time Part-Time Volunteer
Reason for leaving: _____
May we contact this employer for a reference? Yes No

Name of Employer: _____
Address: _____ City & Zip: _____
Type of Business: _____ Job Title: _____
Telephone No. () _____ Your Supervisor's Name: _____
Major Responsibilities: _____

Dates of Employment: From: _____ To: _____
Status: Full-Time Part-Time Volunteer
Reason for leaving: _____
May we contact this employer for a reference? Yes No

Name of Employer: _____
Address: _____ City & Zip: _____
Type of Business: _____ Job Title: _____
Telephone No. () _____ Your Supervisor's Name: _____
Major Responsibilities: _____

Dates of Employment: From: _____ To: _____
Status: Full-Time Part-Time Volunteer
Reason for leaving: _____
May we contact this employer for a reference? Yes No

PROFESSIONAL REFERENCES:

List two persons, other than a supervisor and someone related to you, who have knowledge of your work abilities within the last five years.

Name: _____
Address: _____ City & Zip: _____
Occupation: _____
Daytime Telephone () _____ - _____ Years Known: _____

Name: _____
Address: _____ City & Zip: _____
Occupation: _____
Daytime Telephone () _____ - _____ Years Known: _____

Please read carefully and sign below.

I certify that I have not knowingly withheld any information that might affect my employment. I understand that, if I am hired, any false or misleading information provided in my application or interview(s) may result in termination.

I authorize the Director of Catholic Charities, or his delegate, to investigate my references, work record, education and other matters related to my suitability for employment. I release the Diocese of Stockton, my former employers, and all other persons, from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

If hired, I agree to submit fingerprint cards for a Criminal Record Summary, if my position will have contact with children under the age of 18 or contact with vulnerable adults.

I understand that, if hired, my employment is "at will." This means my employment is for no definite period of time. My employer can terminate me at any time, with or without cause or prior notice.

Applicant's Signature

Today's Date