

Diocese of Sioux City Employment

P E R S O N A L	Last Name	First	Middle	Date
	Current Street Address			Home Telephone
	City, State, Zip			Business Telephone
	Former Street Address (if less than 3 years)			Social Security #
	City, State, Zip			
	Position Desired			
	Are you available for <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Evenings or weekend meetings			Will you work overtime if necessary?
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (Languages, Licenses, Certificates, etc.)			

E D U C A T I O N	School	Name and Location of School	Course of Study	# of years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Business/Trade/Technical				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Membership in Professional or Civic Organization
 (Exclude those which may disclose your race, color, religion or national origin)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including a criminal background check. I have completed an authorization form to investigate my background (attached). This application for employment shall be considered active for a period of time not to exceed 120 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The Diocese of Sioux City is in compliance with the laws of the state of Iowa with regard to "employment at will".

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

	Employer	Person Contacted	Results
R E F E R E N C E C H E C K	1.		
	2.		
	3.		
	4.		

References Checked By: _____ Date: _____

Employed Yes No Date of Employment _____ Hourly Rate/Salary _____

Job Title _____ Department _____

Approved By: _____ Date _____

Name and Title