

Application for Employment  
FOR THE CATHOLIC PRO-LIFE COMMUNITY

APPLICANT INFORMATION				
Last Name	First Name	Middle Name	Date	
Street Address:				
City	State	Zip Code		
Phone Number	Email			
Position Applied for:				
Are you legally authorized to work in the U.S.? (If offered employment, you will be required to provide documentation to verify eligibility)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
JOB TYPE				
<input type="checkbox"/> Part – time	<input type="checkbox"/> Full – time <input type="checkbox"/> Temporary <input type="checkbox"/> Intern		Date available to begin	
How many hours can you work a week?	Have you applied for the CPLC in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what ministry?			
EDUCATION				
	<b>School Name and Location</b>	<b>Course of Study or Major</b>	<b>Graduate? Y or N</b>	<b># of years Completed</b>
High School				
College				
Graduate				
Trade School				
ADDITIONAL INFORMATION				
Have you ever been employed by this organization in the past?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you over 18 years of age?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of, or entered a plea of guilty no contest, or had a withheld judgment to a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, please explain:				
WORK EXPERIENCE				
Please list the names of your present and/or previous employer in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume."				
Employer		Address		
Telephone		Dates Employed		
Supervisor Name	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, why not?	
Job Title		Duties		
Wage Start	Wage Final	Reason for Leaving?		

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Have you ever been terminated or asked to resign from any job? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, how many times?
Has your employment ever been terminated by mutual agreement? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, how many times?
Have you ever been given the choice to resign rather than be terminated? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, how many times?
How did you hear about this job? <i>Please name site if online</i>
If you were referred this job, who referred you?

REFERENCES		
Name	Address	Telephone

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_