

Uniform Job Application Form
for
THE DIOCESE OF LAS CRUCES

Diocesan Entity: Address: Telephone #:
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The Diocese of Las Cruces is an Equal Opportunity Employer and considers all candidates for employment equally regardless of race, color, national origin, sex, age or handicap. Because of its status as a religious entity, the Diocese and parishes may consider the candidate's religious affiliation in its employment decisions, consistent with State and Federal law.

Date: _____ Name: Last _____ First _____ Middle _____

Social Security Number: _____ (Area Code) Telephone Number _____

Current Address - Number & Street _____ City _____ State _____ Zip Code _____

Previous Address: _____

Position Applied For: _____ Location of Position: _____ Part-Time _____
Full-Time _____

If hired, date available: _____ Minimum Salary Requirements: _____

U.S. Citizen: _____ If not a citizen of the U.S., have you the legal right Yes _____
Yes _____ No _____ to remain permanently in the U.S.? No _____

Are you between the ages of 18 and 70? _____

Are you related to anyone employed by the Diocese? _____

If so, whom/what Department: _____ Relationship: _____

EDUCATION:

Name used on school records:

Type of school	Name and Address of School	Dates from/to	Graduate Date	Degree	Major Subject	Minor Subject
High School						
College(s)						
Graduate School						
Technical, Business or Other						

High School

College(s)

Graduate School

Technical, Business
or Other

EMPLOYMENT HISTORY

(Start with your present or most recent position. Include experience in the armed forces of the U.S. Please feel free to attach additional information where appropriate, such as a resume.)

(1) Date: Salary Firm Name and Address:

Starting Ending _____

(Area Code) Phone Number: Type of Business: _____
Title Responsibilities: _____

Name/Title of Supervisor: _____
Department: _____
Reason for seeking new employment:

May we contact this employer now? _____ Name used when employed: _____

(2) Date: Salary Firm Name and Address:

Starting Ending _____

(Area Code) Phone Number: Type of Business: _____
Title Responsibilities: _____

Name/Title of Supervisor: _____
Department: _____
Reason for seeking new employment:

May we contact this employer now? _____ Name used when employed: _____

(3) Date: Salary Firm Name and Address:

Starting Ending _____

ADDITIONAL PERSONAL DATA

Referred by (name of person, firm, agency, advertisement, etc.): _____

Are you a former employee of the Diocese? _____ Yes _____ No

Last date worked: _____ Job Title: _____

Have you previously applied for employment with the Diocese? _____ Yes _____ No When? _____

Present Religious Affiliation, if any? _____

Although the following information is somewhat sensitive, we are obligated to request it in order to fulfill our responsibilities as an employer to screen candidates for employment in the Diocese. If you are unable to answer the following questions for any reason, our personnel director will visit with you privately to discuss them with you.

1) Have you ever been convicted of a crime with the exception of minor traffic offenses?

____ Yes ____ No If yes, please provide explanation: City _____

Date _____ Charge _____

Disposition _____

2) Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse by you? ____ Yes ____ No If yes, give a short explanation of the complaint. (Please indicate the date, nature and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.)

3) Have you ever received any medical treatment, physical or psychological, for reasons involving physical or sexual abuse by you? ____ Yes ____ No If yes, give a short description of the treatment, including date(s), nature and location(s), identifying the treating physician with name, address and telephone number.

4) Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse or sexual abuse by you? ____ Yes ____ No If yes, give a short explanation of the allegations. (Please indicate date, nature and place of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.)

I certify that the statements made in this application are true and correct to the best of my knowledge and that any deliberate falsification could result in termination of my employment. Permission is hereby granted to the Diocese of Las Cruces and its corporations to obtain verification of the statements made herein and to obtain employment references. All reference information will be confidential and will be considered the property of the Diocese of Las Cruces or the appropriate corporation.

Signature of applicant

Date

FOR PERSONNEL USE ONLY

Reviewed by: _____

Date: _____

Comments: _____

Interviewed by: _____

Date: _____

Comments: _____

REFERENCE CHECKS:

EMPLOYER:	DATE	() MAILED	() PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF HIRED:

PRE-EMPLOYMENT PHYSICAL TO BE REQUIRED? _____ INSERT ATTACHED? _____
I-9 COMPLETED? _____ W-4 COMPLETED? _____

POSITION: _____
GRADE: _____
SALARY: _____
FULL TIME _____ PART TIME _____
TEMPORARY FROM _____ TO _____

ADDITION _____
REPLACEMENT _____ FOR WHOM _____
DEPARTMENT _____
SUPERVISOR _____
STARTING DATE _____