

**SACRED HEART CATHOLIC CHURCH**

**Employment Application**

1627 Grand Avenue  
West Des Moines, Iowa 50265  
Phone: 515-225-6414  
Fax: 515-225-0286  
Web Site: [www.sacredheartwdm.org](http://www.sacredheartwdm.org)

An Equal Opportunity Employer



APPLICATION DATE	APPLICANT'S NAME	POSITION APPLIED FOR
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# Personal Data

Name (last, first, middle)

Social Security Number

Address (street, city state, zip code)

Home Phone

Cell Phone

E-mail Address

Are you legally eligible for employment in the U.S.?

No  Yes

Have you ever been convicted of a felony? (A conviction will not necessarily disqualify an applicant from consideration for employment.)

No  Yes. Please explain.

Have you ever been employed by Sacred Heart Church?

No  Yes. Please indicate employment dates.

Do you have relative working for Sacred Heart Church?

No  Yes. Please list who and their relationship to you.

# Education

Level	Name & Address	Area of Study	Years Completed	Did you Graduate?	G.P.A.	List Diploma-Degree
High School						
Vocational or Business School						
College						
Other						

# Work History

<b>Employer</b>		Position
Address		Summarize Duties
Telephone Number	Supervisor Email:	
Employment Dates (Month & Year)	Salary or Wage	Reason for Leaving
<b>Employer</b>		Position
Address		Summarize Duties
Telephone Number	Supervisor Email:	
Employment Dates (Month & Year)	Salary or Wage	Reason for Leaving
<b>Employer</b>		Position
Address		Summarize Duties
Telephone Number	Supervisor Email:	
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Address		Summarize Duties
Telephone Number	Supervisor Email:	
Employment Dates (Month & Year)	Salary or Wage	Reason for Leaving



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## **Authorization to Conduct a Pre-Employment Background Verification**

To Whom It May Concern:

I have applied to Sacred Heart Church for employment. I understand that they may request verification of employment, academic and criminal background information. Therefore, I respectfully request that you provide the necessary information.

I hereby release you from any and all liability of damages for providing the information requested.

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Signature of Applicant

Date

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Social Security Number