



Diocese of Bismarck
 PO Box 1575
 Bismarck, ND 58502-1575

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name, First, Middle Initial	Date
	Street Address	Home Telephone
	City, State, Zip	Other Telephone
	Have you ever applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month & Year Location	Pay Expected
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not what hours can you work?	When will you be available to begin work?
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Special Training or skills (languages, office machines, Computer, etc.)	
	How did you learn of our organization?	

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College/ University				<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	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record
Start with your present or most recent employer

1	Employer	Telephone
	Address	Employed (month/year): From To
	Name of Supervisor	Weekly Pay: Start End
	Job Title and Duties	Reason for Leaving
2	Employer	Telephone
	Address	Employed (month/year): From To
	Name of Supervisor	Weekly Pay: Start End
	Job Title and Duties	Reason for Leaving
3	Employer	Telephone
	Address	Employed (month/year): From To
	Name of Supervisor	Weekly Pay: Start End
	Job Title and Duties	Reason for Leaving
4	Employer	Telephone
	Address	Employed (month/year): From To
	Name of Supervisor	Weekly Pay: Start End
	Job Title and Duties	Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT	
	Employer: Employer:	Reason Reason

Previous Address:	How long at your present address? Yrs. Months
	How long at previous address? Yrs. Months
Do you have any relative or friends working for the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" describe in full.	
S I G N A T U R E	The information provided in this Application of Employment is true, correct and complete. If employed, any misstatements or omission of fact on this application may result in my dismissal.
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
	If you decide to engage an investigative consumer reporting agency to report on my credit or criminal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.
	_____ Signature
	_____ Date