



Pax Christi Catholic Church

Application for Employment

General Information

Name _____ Date _____
 (last) (first) (middle)

Current Address _____
 (street) (city) (state) (zip code)

Previous Address _____
 (street) (city) (state) (zip code)

Phone Number _____ Are you 18 or older? Yes or No

Employment Desired

Position Applying for _____ Available Start Date _____ Desired Salary _____

Are you currently employed? Yes or No May we contact your current employer? Yes or No

Have you applied here before? Yes or No If so for what position? _____

Education/Armed Forces Background

Education Level	Name and Location	No. of Years Attended	Did you Graduate?	Degree Received
_____	_____	_____	Yes or No	_____
_____	_____	_____	Yes or No	_____
_____	_____	_____	Yes or No	_____
_____	_____	_____	Yes or No	_____

Served in the Armed Forces? Yes or No Branch of Service _____

Final Discharge Date _____ Rank at Time of Discharge _____

Personal Considerations

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

If so please describe _____

Is there anything else you would like us to know as we consider your application?

In the event of an emergency please contact: Name _____ Phone Number _____

Employment History

Dates Employed (mo./yr.)	Name & Address of Employer	Salary	Position	Reason for Leaving
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____

References

Name	Phone Number	Relationship to the Applicant	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Legal Disclaimer

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary be terminated at any time without any prior notice.

Date _____ Signature of Applicant _____

Please return this completed application to our parish administrator and/or the stated application contact.