



CATHOLIC CHARITIES
of the Diocese of Santa Rosa

EMPLOYMENT APPLICATION

Catholic Charities of the Diocese of Santa Rosa (Catholic Charities) is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Personal Information

Date

Name:

Address:

City/State:

Zip Code:

Telephone:

Message #:

General Information About Employment Desired:

Position:

Full-time or part-time?

If part-time, hours per week desired:

Days and hours you are available:

Are you available for work on weekends/holidays?

Are you available to work evenings and nights?

Are you available to be on-call?

Would you be available to work additional hours if necessary?

If hired, on what date could you start work?

Are you able to travel on agency business? % time willing to travel:

Monthly salary desired?

Personal Information:

Have you ever applied to, or worked for Catholic Charities before?

If yes, when?

Do you have any friends or relatives working for Catholic Charities?

If yes, state name and relationship.

How were you referred to Catholic Charities?

State briefly why you would like to work for Catholic Charities (500 characters):

Have you ever been convicted of a felony?

(Do not include any conviction under California Health & Safety Code Sections 11357 (a) or (b), 11360 (c), 11364, 11365 or 11550 related to marijuana dated more than two years ago, or any post-trial diversion program, or any legally expunged conviction, or any sealed, eradicated or legally expunged convictions. Do not include misdemeanor convictions for which probation had been completed or otherwise discharged and the case dismissed.)

Are you currently awaiting trial for any criminal offense?

Have you ever initiated an act of violence in your workplace?

A "yes" answer will not necessarily disqualify you. Please explain any "yes" answers above fully so that individual circumstances can be considered. (500 characters):

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Education and Training (Include on-the-job training):

School/Location/Sponsor	Course of Study	Degree or Diploma
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Do you speak, write or understand any foreign languages?

If yes, which language(s)?

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Catholic Charities?

If so, please explain in detail (500 characters):

Professional Society Memberships:

Licenses (list states):

Computer skills:

Dates Used

Level of proficiency

Hardware:

Software:

Use the space below to summarize other relevant experience, skills and background (500 characters):

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Employment History:

List all previous employers starting with your present or most recent position (last 10 years is sufficient) below.

Name of Company:
Name of Supervisor:
Street Address: City State Zip Code
Mailing Address (if different) City State Zip Code
Type of Business:
Telephone number:
Your Position and Duties:
Dates of Employment:
Starting Monthly Salary:
Ending Monthly Salary:
Reason for Leaving:

Name of Company:
Name of Supervisor:
Street Address: City State Zip Code
Mailing Address (if different) City State Zip Code
Type of Business:
Telephone number:
Your Position and Duties:
Dates of Employment:
Starting Monthly Salary:
Ending Monthly Salary:
Reason for Leaving:

Name of Company:
Name of Supervisor:
Street Address: City State Zip Code
Mailing Address (if different) City State Zip Code
Type of Business:
Telephone number:
Your Position and Duties:
Dates of Employment:
Starting Monthly Salary:
Ending Monthly Salary:
Reason for Leaving:

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Street Address: City State Zip Code
Mailing Address (if different) City State Zip Code
Type of Business:
Telephone number:
Your Position and Duties:
Dates of Employment:
Starting Monthly Salary:
Ending Monthly Salary:
Reason for Leaving:

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Please read carefully, initial each paragraph, and sign below (if there is any part of this statement you do not understand, please ask the interviewer about it before signing the statement).

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Catholic Charities to thoroughly investigate my references, work records, education, and other matters related to my suitability for employment and, further authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Catholic Charities, my current and former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed to me during any interview which may be granted, is intended to create an employment contract, implied or explicit, between me and Catholic Charities. In addition, I understand and agree that if I am employed, my employment relationship with Catholic Charities is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Catholic Charities, and that no promises or representatives contrary to the forgoing are binding on Catholic Charities unless made in writing and signed jointly by the Executive Director and myself.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Catholic Charities' benefits, policies and procedures will not alter our at-will agreement.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my Department of Motor Vehicles record and proof of insurance before an offer is extended.

Date: Applicant's Signature/Initials

TO ALL APPLICANTS

State and federal laws and regulations require that organizations maintain records of each applicant's race and sex, and give certain applicants, *e.g.*, Vietnam Era Veterans, Disabled Veterans, and individuals with disabilities, the opportunity to identify themselves as being covered by one or more of these laws.

THIS INFORMATION IS A VOLUNTARY SUBMISSION ON YOUR PART. Refusal to provide it will not preclude you from doing so in the future, nor will it affect potential employment opportunities with Catholic Charities.

Information regarding physical conditions will be kept confidential, except that: (1) supervisors and managers may be informed regarding restricting the work or duties of individuals with handicaps, and any reasonable accommodation needed; (2) first aid and safety personnel may be informed when and if a situation requires emergency medical treatment; and (3) government officials investigating compliance with this legislation shall be informed.

Further information regarding our Affirmative Action Plan can be obtained by contacting our Affirmative Action Officer, Sharon McCarty, Director of Administrative Services.

To assist with proper self-identification, please use the following definitions when completing the attached form:

Designation

Legal Definition

Black or African American
(Not Hispanic or Latino)

Person having origins in any of the Black racial groups of Africa.

Asian (Not Hispanic or Latino)

Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including for example, Cambodia, China India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Native Hawaiian or Other Pacific
Islander (Not Hispanic or Latino)

Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native
(Not Hispanic or Latino)

Persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Hispanic or Latino

Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin regardless of race.

White (Not Hispanic or Latino)

Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Two or More Races
(Not Hispanic or Latino)

Persons who identify with more than one of the above five races

Veteran of the Vietnam Era

Persons who served more than 180 days of active military, naval or air service, any part of which was during the period August 5, 1964 through May 7, 1975, and who (i) was discharged or released there from with other than a dishonorable discharge, or (ii) was discharged or released from active duty because of a service-connected disability.

Special Disabled Veteran

Persons who are (a) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of title 38, U.S.C., to have a serious employment handicap, or (b) a person who was discharged or released from active duty because of a service-connected disability.

Individual with
Handicap/Disabilities

A person who (1) has a mental or physical impairment that substantially limits one or more of the person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment.

Self-Identification Questionnaire

To assist in maintaining accurate employment records and complying with federal government reporting requirements, your assistance is requested to meet our obligations. The information you provide will be considered entirely voluntary and confidential. Please check the appropriate categories with which you identify:

RACE/ETHNIC GROUPS

- Black or African American, not of Hispanic or Latino origin.
- Asian, not of Hispanic or Latino origin.
- Native Hawaiian or Other Pacific Islander, not of Hispanic or Latino origin.
- American Indian or Alaska Native, not of Hispanic or Latino origin.
- Hispanic or Latino
- White, not of Hispanic or Latino origin.
- Two or More Races, not of Hispanic or Latino origin.

VETERANS

- Veteran of the Vietnam Era
- Special Disabled Veteran

SEX

- Male
- Female

INDIVIDUALS WITH HANDICAPS/DISABILITIES

- Individual with Handicap/Disabilities

REASONABLE ACCOMMODATION

If you are disabled, please describe any reasonable accommodations that we could make to enable you to properly and safely perform the job for which you are applying, or currently performing, if employed by Catholic Charities at the time this form is completed. Please return to Catholic Charities Director of Human Resources & Administrative Services.

Name (*Optional*)

Date _____

