

**Application for Employment**  
**St. Augustine Church**  
**185 N. Oak Harbor Street, Oak Harbor, WA 98277**  
**360-675-2303 Phone / 360-675-9490 Fax**

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip Code

E-MAIL ADDRESS \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_

MESSAGE TELEPHONE NUMBER \_\_\_\_\_ ARE YOU AT LEAST 18 YEARS OLD?  YES  NO

IF THE POSITION YOU ARE APPLYING FOR REQUIRES MEMBERSHIP IN A CATHOLIC PARISH OR FAITH COMMUNITY (as indicated in the minimum requirements for the position), PLEASE IDENTIFY YOUR PARISH/COMMUNITY:

\_\_\_\_\_

HAVE YOU EVER WORKED FOR A PARISH, SCHOOL, CHANCERY OR AGENCY OF THE ARCHDIOCESE OF SEATTLE, CATHOLIC COMMUNITY SERVICES, OR OTHER CATHOLIC ENTITY, OR ARE AN ORDAINED PRIEST/WOMEN RELIGIOUS??  YES  NO IF YES, PLEASE INDICATE WHERE: \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (Proof of employment eligibility will be required upon employment)  YES  NO

HAVE YOU BEEN CONVICTED OF A FELONY OR BEEN RELEASED FROM INCARCERATION FOR A FELONY WITHIN THE LAST 10 YEARS?  YES  NO

IF YES, PLEASE EXPLAIN: (Please note that an affirmative response to the above question will not necessarily bar you from employment.)

\_\_\_\_\_

HAVE YOU EVER BEEN ACCUSED, ARRESTED, CHARGED, CONVICTED, OR SUBJECTED TO ADMINISTRATIVE/EMPLOYMENT ACTIONS TAKEN AS A RESULT OF ANY ALLEGATION OF CHILD ABUSE OR NEGLECT?  YES  NO

IF YES, PLEASE EXPLAIN: (Please note that an affirmative response to the above question will not necessarily bar you from employment.)

\_\_\_\_\_

HOW DID YOU HEAR OF THIS OPENING? \_\_\_\_\_

Please list specific newspaper, etc.

**EDUCATION/SKILLS:**

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Persons needing accommodation to complete the application process should notify the parish/school.

**OTHER TRAINING/EDUCATION/SKILLS:**


**PREVIOUS EXPERIENCE:**

Please list name, address, and phone number of previous employment, military, or volunteer experience with most recent experience first.

1. Name of Organization _____ From _____ To _____ Status: ___ Volunteer ___ Full Time paid ___ Part Time paid Current/Ending salary _____ Address _____ Phone number _____ Supervisor _____ Job Title _____ Duties and responsibilities of position _____
Reason for Leaving _____ Name known by (if different than present name) _____

2. Name of Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Status: \_\_\_ Volunteer \_\_\_ Full Time paid \_\_\_ Part Time paid Current/Ending salary \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties and responsibilities of position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
Name known by (if different than present name) \_\_\_\_\_

3. Name of Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Status: \_\_\_ Volunteer \_\_\_ Full Time paid \_\_\_ Part Time paid Current/Ending salary \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties and responsibilities of position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
Name known by (if different than present name) \_\_\_\_\_

4. Name of Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Status: \_\_\_ Volunteer \_\_\_ Full Time paid \_\_\_ Part Time paid Current/Ending salary \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Duties and responsibilities of position \_\_\_\_\_

---

Reason for Leaving \_\_\_\_\_

Name known by (if different than present name) \_\_\_\_\_

We may contact the employers listed above unless you indicate those you do not want us to contact:

Name of employer(s) \_\_\_\_\_

Reason: \_\_\_\_\_

**REFERENCES:**

Give name, address and telephone number of three references who are not related to you and are not previous supervisors:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the Application of Employment are true and complete to the best of my knowledge. I understand that if I am employed false or misleading statements given on my application or during my interview(s) may result in termination. I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose. I understand that the Archdiocese of Seattle will conduct a pre-employment screening including a criminal background check. If I am hired my employment is conditional upon receipt of a satisfactory report from this screening.

I understand that any offer of a position is subject to existing Archdiocesan policies & guidelines which cannot be superceded except by written offer from a qualified representative of the Archdiocese.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_