



Application for Employment

PLEASE PRINT

PERSONAL

Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City		State	Zip
Phone	Email		
Position	Are you over the age of 18 years? <small>(If no, you may be required to provide authorization to work.)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When would you be available to begin work?			
Can you perform the essential functions of the position of which you are applying? <small>If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)</small>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are you legally eligible to be employed in the United States? <small>(Proof of identity and eligibility will be required upon employment.)</small>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever worked for this Company before? If yes, where? _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Job Title _____		Dates _____	
How did you hear of this position?			
Do you have any relatives or friends who work for the Company? If yes, who and where do they work? _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever done any volunteer work? If yes, describe: _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>



AVAILABILITY

When are you available to work: DAYS NIGHTS WEEKENDS FULL TIME PART TIME

If you cannot work full time, please explain: _____

Days and Hours Available:							
If employed, I will notify my supervisor in writing, should my availability change.							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

EDUCATION

High School			Location	
From	To	Did you graduate?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Vocational or Trade School			Location	
From	To	Did you graduate		Yes <input type="checkbox"/> No <input type="checkbox"/>
College			Location	
From	To	Did you graduate		Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate Work			Location	
From	To	Did you graduate		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you completed any courses, seminars, specialized skills, such as ASL and/or training that would enable you to perform the position for which you are applying? If yes, please describe: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>				
List academic honors, extracurricular activities, offices held, etc. in high school or college: _____				



EMPLOYMENT

Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, may we contact your employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If presently employed, why are you considering leaving?					
Do you belong to any professional, trade, business or civic organizations that deals with the position for which you are applying?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain and list offices held:					

Start with your present or most recent position

Name of Employer		Telephone Number	
Full Address (including Street, City, and Zip)		Supervisor Name	
Dates Employed	From	To	
Describe the Work Performed			

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Full Address (including Street, City, and Zip)		Supervisor Name	
Dates Employed	From	To	
Describe the Work Performed			

Name of Employer		Telephone Number	
Full Address (including Street, City, and Zip)		Supervisor Name	
Dates Employed	From	To	
Describe the Work Performed			

Use an additional sheet of paper if more space is necessary.



Account for any 6 month period of time that you were not working during the last 10 years:

	From	To	Reason
Mo/Yr			
Mo/Yr			
Mo/Yr			

Use an additional sheet of paper if more space is necessary.

PROFESSIONAL REFERENCES (Give three individuals that are not relatives.)

Name		Phone	
Street Address	City	State	Zip
Email	Relationship		
Name		Phone	
Street Address	City	State	Zip
Email	Relationship		
Name		Phone	
Street Address	City	State	Zip
Email	Relationship		

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX (EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION), SEXUAL ORIENTATION, MARITAL STATUS, NATIONAL ORIGIN, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

IMPORTANT, PLEASE READ AND SIGN I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or agencies. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed _____ Date _____

I authorize my employer or other previous employers having records about my employment to release any and all information concerning my current or previous employment for the sole consideration of my job application with Catholic Community Services of Southern Arizona, Inc
 Applicant _____ Date _____



EQUAL EMPLOYMENT OPPORTUNITY SELF-IDENTIFICATION

POSITION(S) _____ AGENCY _____ DATE _____

JOB ANNOUNCEMENT(S) # _____

Catholic Community Services (CCS), as an Equal Opportunity, Affirmative Action employer, recruits members of diverse racial and ethnic groups, persons with disabilities, Vietnam Era Veterans and women. CCS requests your assistance in meeting Federal regulations by providing the following information.

As a matter of CCS policy, we are required to keep records and perform certain analyses of our applicant pool by race, ethnicity and gender. Since such analyses are only possible if we know the EEO profile of our applicants, we are using this means to ask you to complete this survey and return it to us promptly.

The information which applicants provide does not at all affect their prospects for employment and is, in fact, treated confidentially. For statistical purposes, we must have information on all applicants.

We are required by the government to keep such records and perform such analyses; your cooperation will allow us to be accurate.

Completed forms are to be returned to: Catholic Community Services- HR Department

140 W. Speedway, Ste 230

Tucson, AZ 85705

The categories listed below are those used by the US Bureau of Census and the Department of Labor and are the only options currently available for Federal reporting purposes.

How do you describe yourself? (Indicate only one)

- Two or more races
- American Indian or Alaskan Native (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Hispanic or Latino
- White (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)

Handicap Disability: Please circle YES if you have a physical or mental disability, which may require accommodation in order for you to perform essential functions of your position. (The information is voluntary). YES

Please check if applicable: Vietnam era veteran Disabled veteran Veteran other

Gender:

Male

Female