



**Catholic Diocese of Spokane**  
**1023 W Riverside Ave.**  
**PO Box 1453**  
**Spokane WA 99210-1453**

## **APPLICATION FOR EMPLOYMENT**

### **PLEASE READ FIRST**

Thank you for your interest in employment with the Diocese of Spokane. The application you submit will be reviewed and, if based upon the information you have supplied, you are eligible for a personal interview, you will be contacted by phone or mail. If, however, we are unable to consider your application, you will receive no further notice. Applications are valid for 180 days. If you have not received a response during this time period, you are welcome to reapply.

### **PLEASE FOLLOW THESE INSTRUCTIONS TO COMPLETE THIS APPLICATION**

1. Please complete the application in neat, legible handwriting, using ink.
2. The application must be completed with dates of employment, job title, reasons for leaving, schools you attended, current mailing address, telephone number(s) and social security number.
3. Telephone numbers must be provided for previous employers.
4. Your application must be completed providing all information required to evaluate your job application.
5. Your signature must appear on the back of this application for the application to be considered complete.

## APPLICATION FOR EMPLOYMENT

**Please type or print.  
Use black ink.  
Answer all questions.**

The Diocese of Spokane is an equal opportunity employer committed to the principles of diversity in all aspects of its operation. Every individual will be considered solely on the basis of his/her qualifications and without regard to race, color, sex, religion, national origin, age, disability or Vietnam-era veteran status. In accordance with the Americans with Disabilities Act, applicants are welcome to request needed accommodations for any portion of the application process by asking for assistance.

### IDENTIFICATION

Last Name	First	M.I.	Home Telephone
Mailing Address	City	State	Zipcode
Position Applying For:		E-mail Address:	Social Security Number
If your age is below 18, give date of birth:		Date you can begin work:	

### WORK PREFERENCES

Check one or more:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
Date of Application:	Salary Desired:		
Do you have any commitments or agreements that might affect your employment with the Diocese of Spokane? If yes, explain below.			

### AUTHORIZATION TO WORK

It is unlawful for the Diocese of Spokane to hire individuals that are not authorized to work in the United States. Accordingly, the Diocese of Spokane hires only citizens or aliens that are authorized to work in the United States. If you receive an offer from the Diocese of Spokane and you accept the offer, before you will be placed on the payroll, you will be required to document that you are a U.S. Citizen or an alien that is authorized to work in the United States. Are you a United States citizen or a lawful permanent resident?  Yes  No If your answer is No, what type of Visa and employment authorization do you have?

### EDUCATION AND TRAINING

Schools Attended (Last School First) Name of School/City/State	Attendance Dates Mo./Yr. From To	Graduated Y/N	Degree Type	Major/ Minor	Accum. Grade Point
High School					

Other job related Educational Institutions, Licenses, Certifications, etc.

**SPECIAL SKILLS** These include clerical, computer, software programs, wpm, mechanical, languages, etc. Please be specific.


## EXPERIENCE

Start with your present or last position and work back, including military experience. If you were ever employed in any position under a different name, give the name used. **MAY WE CONTACT YOUR PRESENT EMPLOYER?**  Yes  No

Have you ever worked for the Diocese of Spokane?  Yes  No

Department:

Position Title:				Immediate Supervisor:		Full-Time <input type="checkbox"/>	
Employer:				Name:		Part-Time <input type="checkbox"/>	
Mailing Address:				Title:		Summer <input type="checkbox"/>	
City & State/ Zipcode:				Telephone No:		Temporary <input type="checkbox"/>	
Employer's Telephone No:							
Starting Date		Leaving Date		Final Salary		If supervisory, number of people you supervised:	
Mo.	Yr.	Mo.	Yr.				
If part-time give average number of hours worked per week.							

Summary of experience:


Specific reason for leaving:


Position Title:				Immediate Supervisor:		Full-Time <input type="checkbox"/>	
Employer:				Name:		Part-Time <input type="checkbox"/>	
Mailing Address:				Title:		Summer <input type="checkbox"/>	
City & State/ Zipcode:				Telephone No:		Temporary <input type="checkbox"/>	
Employer's Telephone No:							
Starting Date		Leaving Date		Final Salary		If supervisory, number of people you supervised:	
Mo.	Yr.	Mo.	Yr.				
If part-time give average number of hours worked per week.							

Summary of experience:


Specific reason for leaving:


### EXPERIENCE

Position Title:		Immediate Supervisor:		Full-Time	<input type="checkbox"/>
Employer:		Name:		Part-Time	<input type="checkbox"/>
Mailing Address:		Title:		Summer	<input type="checkbox"/>
City & State/Zipcode:		Telephone No:		Temporary	<input type="checkbox"/>
Employer's Telephone No:					If part-time give average number of hours worked per week.
Starting Date		Leaving Date		If supervisory, number of people you supervised:	
Mo.	Yr.	Mo.	Yr.		

Summary of experience:


Specific reason for leaving:


Position Title:		Immediate Supervisor:		Full-Time	<input type="checkbox"/>
Employer:		Name:		Part-Time	<input type="checkbox"/>
Mailing Address:		Title:		Summer	<input type="checkbox"/>
City & State/Zipcode:		Telephone No:		Temporary	<input type="checkbox"/>
Employer's Telephone No:					If part-time give average number of hours worked per week.
Starting Date		Leaving Date		If supervisory, number of people you supervised:	
Mo.	Yr.	Mo.	Yr.		

Summary of experience:


Specific reason for leaving:


Employer	Position title	Starting Date	Leaving Date

**PERSONAL REFERENCES**

Persons, not relatives, who have knowledge of your character, experience and ability

Name	Phone
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Street	City	State	Zip Code
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Name	Phone
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Street	City	State	Zip Code
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Name	Phone
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Street	City	State	Zip Code
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### CONVICTION RECORD

Have you ever been convicted of a violation of any local, state or federal law, other than minor traffic violations? (This includes a plea of guilty or no contest.)  Yes  No  
 If YES, list all convictions below, from the oldest to the most recent.

Date of Conviction Month and Year	Mark appropriate box		Offense (do not use abbreviations)
	Misdemeanor	Felony	

**As an applicant for employment with the Diocese of Spokane, I understand the following:**

- \* This application will remain on active file for 180 days. If I am hired within this period, this form will be transferred to my individual personnel file.
- \* Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.
- \* My employment is contingent upon the results of a criminal history investigation. The results of such an investigation may be grounds for disqualifying me or terminating my employment.
- \* If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound by the rules of conduct of the Catholic Diocese of Spokane.
- \* My employment is not guaranteed for any term, and my employment may be terminated by the Diocese of Spokane or myself at any time and for any reason. No Catholic Diocese of Spokane official is authorized to make any oral assurances or promise of continued employment.
- \* All information (including information on any accompanying resume) is subject to verification.
- \* I authorize and consent to my current and prior employers, educational institutions, and persons or organization named in this application (or accompanying resume) to release any information to the Diocese of Spokane that may be required to make an employment decision. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to the Diocese of Spokane and/or it's agents.
- \* A photocopy of this authorization is as effective as the original.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_