



Parish-School in the Diocese of Toledo Non-Teaching Staff Application for Employment

The Parish-School is an equal opportunity employer.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the school Principal.

First Name	MI	Last Name
Have you worked or earned a degree under another name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other names in which records might be recorded?
Street Address	Apt #	City/State/Zip
Email Address	Primary Telephone Number	Cell/Other Telephone Number
Today's Date	Date Available For Work	Desired Salary/Hourly Rate of Pay
Position(s) Applied For		Name of Parish-School

Type of Employment Desired

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Educational Co-Op	<input type="checkbox"/> Seasonal
Will you relocate if the job requires it?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you travel if the job requires it?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you work overtime if required?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work within the Diocese of Toledo?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are under 18, and it is required, can you furnish a work permit?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no, please explain:

Have you ever been employed within the Diocese of Toledo?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please complete the following information (attach an additional sheet of paper if necessary):

Name of Parish-School:	Position(s) Held:	Dates of Employment (Month/Year):
Name of Parish-School:	Position(s) Held:	Dates of Employment (Month/Year):

Are you legally eligible for employment in this country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by the law.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information about "essential functions" in order to respond.
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If they have been explained to you, are you able to meet the "attendance" requirements of the position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attendance requirements haven't been explained to me.
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Computer Skills

(please check all that apply)

<input type="checkbox"/> Typing Skills		WPM:	
<input type="checkbox"/> Word Processing	Software:	Years of Experience:	
<input type="checkbox"/> Spreadsheet	Software:	Years of Experience:	
<input type="checkbox"/> Presentation	Software:	Years of Experience:	
<input type="checkbox"/> Email	Software:	Years of Experience:	
<input type="checkbox"/> Other	Software:	Years of Experience:	
<input type="checkbox"/> Other	Software:	Years of Experience:	
<input type="checkbox"/> Other	Software:	Years of Experience:	

Educational Background

(Please list chronologically)

High School		Address		Years Completed
Degree(s) Obtained	<input type="checkbox"/> Diploma	<input type="checkbox"/> G.E.D.	<input type="checkbox"/> Other:	
College/University		Address		Years Completed
Degree(s) Obtained	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral
	<input type="checkbox"/> Certificate:		<input type="checkbox"/> Other:	
Major		Minor		GPA:
College/University		Address		Years Completed
Degree(s) Obtained	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral
	<input type="checkbox"/> Certificate:		<input type="checkbox"/> Other:	
Major		Minor		GPA:
College/University		Address		Years Completed
Degree(s) Obtained	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral
	<input type="checkbox"/> Certificate:		<input type="checkbox"/> Other:	
Major		Minor		GPA:
College/University		Address		Years Completed
Degree(s) Obtained	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral
	<input type="checkbox"/> Certificate:		<input type="checkbox"/> Other:	
Major		Minor		GPA:

Employment History

(Please list chronologically)

Employer Name		Address	
Primary Telephone Number	Employment Months (Date/Year)	<input type="checkbox"/> Hourly \$ _____ per hour	<input type="checkbox"/> Salary \$ _____ annually
Title of Position	Supervisor's Name	May we contact for reference?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Later
Reason for leaving (Attach additional sheet if necessary)			

Employer Name		Address		
Primary Telephone Number	Employment Months (Date/Year)	<input type="checkbox"/> Hourly \$	per hour	
		<input type="checkbox"/> Salary \$	annually	
Title of Position	Supervisor's Name	May we contact for reference?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later
Reason for leaving (Attach additional sheet if necessary):				

Employer Name		Address		
Primary Telephone Number	Employment Months (Date/Year)	<input type="checkbox"/> Hourly \$	per hour	
		<input type="checkbox"/> Salary \$	annually	
Title of Position	Supervisor's Name	May we contact for reference?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later
Reason for leaving (Attach additional sheet if necessary):				

Employer Name		Address		
Primary Telephone Number	Employment Months (Date/Year)	<input type="checkbox"/> Hourly \$	per hour	
		<input type="checkbox"/> Salary \$	annually	
Title of Position	Supervisor's Name	May we contact for reference?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later
Reason for leaving (Attach additional sheet if necessary):				

Skills and Qualifications

List any additional information, including education, work, significant volunteer experiences or qualifications that may assist you in performing the position for which you are applying (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.)

Personal Data

(Attach an additional sheet if necessary)

Have you ever been suspended, discharged or requested to resign from any position? If yes, please explain:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Have you entered into an agreement with any former employer or other party (such as noncompetition agreement) that might, in any way, restrict your ability to work for a Parish-School within the Diocese of Toledo? If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account in each individual circumstance.

<p>Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime, other than a minor traffic offense? If yes, please provide date(s) and details:</p>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<p>Do you presently serve, or have served, as a volunteer for any organization, entity or group in which you had substantial contact with children or vulnerable populations (such as elderly, mentally or emotionally disabled, etc.)? If yes, please provide the name and phone number of the organization, period of volunteer service, supervisor's name and briefly describe your activities and/or duties.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What attracted you to a position in the Catholic Schools/Parish?

Professional References- List names and telephone numbers of three business/work references who are not related to you, and have first-hand knowledge of your professional ability to succeed in your position of interest.

Name	Title	Telephone
Work Relationship To You	Email	Number of Years Known
Name	Title	Telephone
Work Relationship To You	Email	Number of Years Known
Name	Title	Telephone
Work Relationship To You	Email	Number of Years Known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify that accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations for furnishing such information about me.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that this application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Diocesan Superintendent.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

I understand that this employer does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting, eliminating or excluding an applicant from consideration for employment because of any protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant:

Date:

Please Enclose:

1. An official transcript of your college credits/degree and a copy of all certificates, if applicable.
2. Please mail your application, along with all required documents to:

You may also email your application, along with all required documents to: