#### **CATHOLIC DIOCESE OF DES MOINES**

# **Employment Application**



601 Grand Avenue Des Moines, Iowa 50309-2501 Phone: 515-243-7653 Fax: 515-237-5070 Web Site: <u>www.dmdiocese.org</u>

An Equal Opportunity Employer

APPLICATION APPLICANT'S POSITION DATE NAME APPLIED FOR

## Personal Data

Name (last, first, middle)

Social Security Number

Address (street, city state, zip code)						
Home Phone	Cell Phone	E-mail Address				
Are you legally eligible for emp	loyment in the U.S.?					
Have you ever been convicted o from consideration for employment.)	•	ecessarily disqualify an applicant				
Have you ever been employed by the Diocese of Des Moines?						
Do you have relative working for No Yes. Please list w	or the Diocese of Des Moines? ho and their relationship to you					

## Education

Level	Name & Address	Area of Study	Years Completed	Did you Graduate?	G.P.A.	List Diploma- Degree
High School						
Vocational or Business School						
College						
Other						

## Work History

Employer		Position		
Address		Summarize Duties		
Telephone Number	Supervisor Email:			
Employment Dates (Month & Year)	Salary or Wage	Reason for Leaving		
Employer		Position		
Address		Summarize Duties		
Telephone Number	Supervisor Email:			
Employment Dates (Month & Year)	Salary or Wage	Reason for Leaving		
Employer		Position		
Address		Summarize Duties		
Telephone Number	Supervisor Email:			
Employment Dates (Month & Year)	Salary or Wage	Reason for Leaving		
Employer		Position		
Address		Summarize Duties		
Telephone Number	Supervisor Email:			
Employment Dates (Month & Year)	Salary or Wage	Reason for Leaving		

### Remarks

Please use this space to provide any additional information you think would be helpful to us in considering you for employment.

## Applicant's Statement

Please read carefully before signing.

If hired, I agree to conform to the rules and regulations of the Catholic Diocese of Des Moines. I understand that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Catholic Diocese of Des Moines or myself. I understand that no contract of employment is created by this application, or by my employment, or by the rules and regulations of the Catholic Diocese of Des Moines.

I understand that hours in excess of the regular working hours may be required. I agree to this as a condition of employment.

I understand that if hired I am required to provide documents proving my U.S. citizenship or immigration status and employment eligibility.

I understand that if hired I would comport myself consistent with the teachings of the Catholic faith.

I hereby certify that the information I've provided in this application is true and correct. I authorize investigation of all statements contained in this application and I release from liability all persons, companies and corporations supplying such information and agree to indemnify the Catholic Diocese of Des Moines against any liability which might result from making such investigation. I fully understand that misrepresentation or omission of facts called for in this application is cause for immediate dismissal if I am employed.

I have read the above statements. I understand them and I agree to comply with them as conditions of employment.

Signature

Date

### CATHOLIC DIOCESE OF DES MOINES

#### Authorization to Conduct a Pre-Employment Background Verification

To Whom It May Concern:

I have applied to the Catholic Diocese of Des Moines for employment. I understand that they may request verification of employment, academic and criminal background information. Therefore, I respectfully request that you provide the necessary information.

I hereby release you from any and all liability of damages for providing the information requested.

Signature of Applicant

Date

Social Security Number