



# The Diocese of Orlando

50 E. Robinson Street  
Orlando, FL 32801

AN EQUAL OPPORTUNITY EMPLOYER M/F

## APPLICATION FOR EMPLOYMENT

This employment application is active for a period of ONE YEAR.  
Should you wish to be considered for employment after 1 year, you must  
contact THE DIOCESE OF ORLANDO to reactivate the application.  
In order to be considered for employment, this application must be filled out completely.  
Resumes are welcome, but should not be given in lieu of information requested.

### GENERAL:

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

Position Desired \_\_\_\_\_ Expected Weekly Salary \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_  
City State Zip Code

In case of emergency, notify: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Will you work: Days ( ) Nights ( ) Week-ends ( ) Full-time ( ) Part-time ( ) Date Available for  
for work? \_\_\_\_\_

Who referred you to the Diocese of Orlando? \_\_\_\_\_

Have you ever been employed by the Diocese of Orlando? \_\_\_\_\_

Any relatives employed by the Diocese of Orlando? \_\_\_\_\_

A relative is defined as spouse, mother, father, sister, son, daughter, and in-laws by reason of marriage at the time of employment application completion.

Have you ever been convicted of a crime other than a minor traffic offense? \_\_\_\_\_

If yes, please state the following: (a) number of convictions \_\_\_\_\_

(b) nature of offense(s) \_\_\_\_\_

(c) date of conviction(s) \_\_\_\_\_

(d) your age at time of conviction(s) \_\_\_\_\_

Note - A conviction record will not necessarily be a bar to employment; factors such as age, time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.

# EMPLOYMENT HISTORY

All information must be supplied on this application.

Present or Most Recent Employer	Employed From <u>Month</u> <u>Year</u>	Employed to <u>Month</u> <u>Year</u>
May we contact at this time? Yes ( ) No ( )		
Street	Job Description	
City                                      State                                      Zip		
Job Title - Start		
Job Title - Termination		
Weekly Starting Salary	Reason for leaving or considering leaving	
Weekly Ending Salary	Name of Immediate Supervisor	Telephone No.

Previous Employer ( if employed less than 10 years in above job)	Employed From <u>Month</u> <u>Year</u>	Employed to <u>Month</u> <u>Year</u>
Street		
Job Description		
City                                      State                                      Zip		
Job Title - Start		
Job Title - Termination		
Weekly Starting Salary	Reason for leaving	
Weekly Ending Salary	Name of Immediate Supervisor	Telephone No.

Previous Employer ( if employed less than 10 years total in prior two jobs)	Employed From <u>Month</u> <u>Year</u>	Employed to <u>Month</u> <u>Year</u>
Street		
Job Description		
City                                      State                                      Zip		
Job Title - Start		
Job Title - Termination		
Weekly Starting Salary	Reason for leaving	
Weekly Ending Salary	Name of Immediate Supervisor	Telephone No.

**EDUCATION:**

	High School	Technical College	College	Graduate School
Name and Location				
Highest Level Completed	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Degree(s)				
Major Studies				
Grade Point Average (GPA)		Overall GPA	Major GPA Overall GPA	Overall GPA

List below any extra-curricular activities, offices held, awards/honors received, civic or volunteer activities and/or additional courses/seminars completed.

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**SKILLS:**

Typing Speed: \_\_\_\_\_ Shorthand Yes ( ) No ( ) Dictaphone Yes ( ) No ( )

What language, other than English, do you speak/read/write? (Completion of this section is voluntary.)

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List computer programs you are skilled in:

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Work Experiences, trainings, special skills or achievements:

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**DRIVING RECORD:**

Driver's License No. \_\_\_\_\_ Chauffeur's License No. \_\_\_\_\_

List Traffic Violations you received in the last 36 months (other than parking violations)

Date of Violation                      Offense                      Location

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(please see additional information on back cover)

**In your own handwriting, please give a brief explanation of why you would like to work for the Diocese of Orlando:**

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**The Immigration Reform and Control Act of 1986 makes it unlawful for an employer to hire a person for employment in the United States if the person is not legally authorized to be employed. The Diocese of Orlando will hire only United States citizens and aliens lawfully authorized to work in the U.S.**

Are you legally entitled to be employed in the U.S.?      Yes (  ) No (  )

If Yes, under which of the following provisions:

U.S. Citizen	_____	Non-Immigrant Work Visa	_____
Permanent Resident Alien	_____	Other	_____

**If I am selected for employment, I agree to provide documentation establishing identity and employment authorization in accordance with the requirements of the law and any regulations thereunder.**

The above statements are true to the best of my knowledge. I understand that misrepresentation or omission of facts called for on this application is cause for dismissal. I also understand that should I be employed, my employment may be terminated at the will and complete option of the Diocese of Orlando.

I hereby authorize the prospective employer to make any inquires it desires concerning me, and also authorize and request each former employer and school or college to answer all questions that may be asked in connection with my application for employment and to furnish the prospective employer with transcripts, personnel files and other records concerning my qualifications for this job.

I agree to submit to a physical examination prior to or during employment and understand and agree that I will be expected to satisfactorily complete a probationary period. I further understand and agree that should I refuse to submit to such a physical examination, should the results of such physical examination be unsatisfactory or should I fail to satisfactorily complete such probationary period, my employment may be terminated. I agree that the Diocese of Orlando shall be without liability for any claims arising out of or in any way connected with my physical examination and that such examination is solely for the benefit of the Diocese of Orlando and not for my benefit.

The Diocese of Orlando is committed to a policy of hiring qualified handicapped individuals. The medical information requested by this application shall not be used to limit, segregate or classify handicapped individuals in such a manner to deprive them of employment opportunities for which such individuals may be qualified.

An investigate credit report may be made. I have the right to request in writing that a disclosure of the nature and scope of the investigation be made to me.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_