



# Catholic Diocese of Saginaw

## APPLICATION FOR EMPLOYMENT

*(Subject to expiration 90 days after submission)*

We appreciate your interest in employment with the Catholic Diocese of Saginaw. However, this application should not be considered as an indication of the existence of any current employment opportunities within the Diocese for which you may be qualified and this does not represent an offer of employment. Provision of the information requested herein will permit us to consider your potential candidacy for current employment opportunities. All portions of this application which apply to you must be completed. **An incomplete application will ordinarily not be processed.**

The Diocese is an equal opportunity employer. It is the policy of the Diocese to afford equal employment opportunity regardless of race, color, national origin, sex, age, marital or familial status, height, weight, disability or any other legally protected classification. Since a person's faith and church participation may be essential to his/her role on behalf of the Diocese, religion may be a protected category for purposes of non-discrimination. Under Michigan law, any person with a disability requiring accommodation for employment must notify the Diocese in writing within 182 days after the need is known.

Proof of the right to work in the United States will be required upon commencing work with the Catholic Diocese of Saginaw.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Telephone Number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

What position are you seeking? \_\_\_\_\_

What type of work are you seeking? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Occasional \_\_\_\_\_ Temporary \_\_\_\_\_

If part-time, what hours would you work? \_\_\_\_\_ When will you be available for work? \_\_\_\_\_

Were you previously employed by the Diocese? Yes  No  If yes, when \_\_\_\_\_ and in what position were you employed? \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No

Are there any felony charges pending against you? Yes  No

If yes to either, describe in full

\_\_\_\_\_

Have your driving license, or privileges, ever been revoked, or suspended, and do you currently have three (3) or more points for driving violations? Yes  No

If so, you may be required to provide a copy of your driving record, prior, as a condition of further consideration to your application for employment.

Do you have friends or relatives working for the Diocese? Yes  No  If yes, who \_\_\_\_\_

How did you learn about the position for which you are applying? \_\_\_\_\_

**EDUCATIONAL RECORD:**

Schools	School & Address	Course of Study	Degree Received
High School			
College			
Graduate School			
Other			

**WORK RECORD:**

List below all present and past employers beginning with the most recent. Also provide information regarding all periods of unemployment between listed positions. Please be advised that all references may be checked. Attach additional sheets if necessary.

1. Present or most recent employer \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Name of Supervisor \_\_\_\_\_ Last hourly wage \_\_\_\_\_

Describe the work you did \_\_\_\_\_  
\_\_\_\_\_

Reasons for leaving \_\_\_\_\_

2. Previous employer \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Name of Supervisor \_\_\_\_\_ Last hourly wage \_\_\_\_\_

Describe the work you did \_\_\_\_\_  
\_\_\_\_\_

Reasons for leaving \_\_\_\_\_

3. Previous employer \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Name of Supervisor \_\_\_\_\_ Last hourly wage \_\_\_\_\_

Describe the work you did \_\_\_\_\_  
\_\_\_\_\_

Reasons for leaving \_\_\_\_\_

### REFERENCES:

Please list three (3) names of individuals willing to provide character or professional references other than relatives.

1. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

How long have you known this individual? \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

How long have you known this individual? \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

How long have you known this individual? \_\_\_\_\_

### OTHER RELEVANT INFORMATION:

Did you work for any of the above employers under a different name? Yes  No  If yes, please give the name \_\_\_\_\_

List any special training or skills you have which are relevant to the position you are seeking.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational or school activities or awards you have received which have relevance to the position you are seeking.

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What positions of leadership or responsibility have you held in school, work, or elsewhere which have relevance to the position you are seeking.

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List hobbies, interests or skills you have which have relevance to the position you are seeking.

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**ACKNOWLEDGMENT AND CERTIFICATION:**

I certify that the information contained in this application is correct to the best of my knowledge and understand that any false statements or deliberate omissions on this application could result in disciplinary action up to and including discharge if I am employed by the Catholic Diocese of Saginaw.

I agree to conform to the rules and regulations of the Catholic Diocese of Saginaw, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Diocese or myself. I further understand that no person, other than the Bishop of the Catholic Diocese of Saginaw or a delegate of the Bishop who has written authorization, has the authority to enter into any agreement to the contrary and such agreement, to be effective, must be signed by both the Bishop of the Catholic Diocese of Saginaw, or a delegate of the Bishop who has written authorization, and myself. I understand and agree that any claim or lawsuit I might bring against the Diocese (including its affiliated entities) or any of its employees or agents must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I specifically waive any statute of limitation to the contrary. I also agree that any claim I might bring in will be tried before the judge. I specifically waive the option of a jury trial. Nothing in this paragraph shall be deemed to forfeit any statutory rights provided under state or federal law.

I understand that, as a final step in the employment process, I may be required to submit to a physical examination and a drug/alcohol screening test. If I refuse to consent to the physical examination or to the drug screen, I understand that I will not be eligible for employment. I also understand that, if I test positive for drugs or alcohol, I will be denied employment with the Catholic Diocese of Saginaw.

I acknowledge that consideration for employment may be contingent on the results of a reference and background check. Therefore, I authorize the Catholic Diocese of Saginaw to: (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information; (3) discuss results of any investigation with other employees of the Catholic Diocese of Saginaw involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application, and I release each such person from liability for providing information to the Catholic Diocese of Saginaw.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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