#### ARCHDIOCESE OF



# Application for Employment

### Immaculate Conception High School

258 S Main St, Lodi, NJ 07644 (phone) 973-773-2400 (fax) 973614-0893

Position Applying For:

Date:		 	 
Job Ti	itle:		 

PERSONAL DATA					
(Please Print)					
Name:	First	Middle	<del></del>		
Mailing					
Address:					
No.	Street	City	Postal Code		
Telephone					
Home:	Business:	Mobile:			
E-mail Address:					
Are you available to work	Are you available to work Full-Time□ Part-Time□ If PT, indicate Mornings□ Afternoon□ Evenings□				
How did you learn about us	How did you learn about us? Advertisement□ Website□ Relative□ Friend□ Other□				
	to work in the United States? u will be required to produce document the U.S.	ation establishing	Yes □ No □		
If you are under 18 years of	age, can you provide required proof	of your eligibility			
to work?	age, can you provide required proof	or your ongromey	Yes □ No □		
Have you ever been employ  If yes, when:	ed with us before?		Yes □ No □		
Do you have any relatives working here?  Yes  No					
If yes, relationship:					
Are you currently employed	? Yes□ No□ May we contact	et your present employer?	Yes□ No□		
Date available for work _	/ What is your de	sired salary range? \$			
Can you travel if a job red	quires it?		Yes□ No□		

	Name & Location of In	estitution	Course of Study	Diploma	a/Degree	
High School/GED	Traine & Location of 2	istitution	Course of State,	Dipiona	// Degree	
Commercial, Trade or Technical Training						
Undergraduate College/University						
Graduate/ Professional						
Other						
Continuing Education						
Continuing Education Professional Qualificati	ED SKILLS CHNOLOGY SKILLS:	□ Database Software:	☐ Keyboardi	ng	□ Other _	specify

PREVIOUS EMPLOYMENT (begin with m	ost recent)
Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed: From: To:	Final Salary/Hourly Rate:
Duties:	
Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed: From: To:	Final Salary/Hourly Rate:
Duties:	
Name of Free Land	L A 11
Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed: From: To:	Final Salary/Hourly Rate:
Duties:	
N CF	LAH
Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed: From: To:	Final Salary/Hourly Rate:
Duties:	

		on, skills, education, training, previous employment, special dditional information that you feel should be added to this application.
Please attach your resume.	RESUME ATTACHED	
Applicant's Acknowledge  1. At-Will Employment	· ·	stand and acknowledge:
Unless I am applying for an "at will" nature, which the Employer may disc this "at will" employment	a Union position, an means that the Emp charge me at any tir relationship may not	by employment relationship with this organization is of ployee may resign at any time for any reason and me with or without cause. It is further understood that to be changed by any written document or by conduct in writing by an authorized executive of this
2. Compliance With I must observe all the applying, including, Professional and Mir Policy of the employed Christian ethical standards.	e guidelines and post of the p	colicies relevant to the position for which I am o, the Archdiocese of Newark's Policies on and the Harassment and Sexual Harassment sings, this means that I must exhibit the highest I integrity, and conduct myself in a manner that and teachings of the Roman Catholic Church.
Date	Signat	ture of Applicant

## PARISH OR SCHOOL NAME **DECLARATIONS**

Please read and initial each of the statements below:	
	etely. If I have not fully and honestly completed this application, you ent at any time. (*This application includes any Resume which I have
	s application and hereby release you and your personnel and all persons y and damage that may result from furnishing such information.
	ig but not limited to criminal records check, abuse registry check and with the background screening process, and I understand that if I am my employment.
See separate Notice attached regarding Credit Reporting Ag	ency check.
university who or which may have control over my doct application to furnish such information to you, in order National Personnel Records Center and/or the Army/Na I release all persons/entities providing information abou	inpany, corporation, entity, government agency, school, college or iments, records, or other information pertinent to my employment to facilitate your assessment of my qualifications. This includes the vy Air Force/Marine Corps/Coast Guard and their Reserve Components. It me from any liability or responsibility arising from the release of such ization to release any and all information described, and for that purpose
I understand and agree that information you obtain from me.	sources that I have provided on my application need not be revealed to
	buse of minors and vulnerable adults and take all allegations of abuse with the authorities to investigate all cases of alleged abuse. Abuse of smissal and possible criminal charges.
	e the terms of the collective bargaining agreement, when applicable, am applying is an "AT-WILL" position, which means that either you or
I have read and fully understand and agree to the contents of	f the Application for Employment and this Declaration.
Signature	
Name Printed	
Date	

### PARISH OR SCHOOL NAME NOTICE REGARDING CREDIT REPORTING AGENCY CHECK

NOTICE REGARDING CREDIT REPORTING AGENCY CHECK			
Please take notice that the position for which you are applying or which you desire as an employee may involve a check, now or in the future, of your background by using the services of a Credit Reporting Agency. If so, you have rights under the Fair Credit Reporting Act.			
—Initials—	I authorize you to obtain such a report.		
Date			