

Catholic Charities of the Texas Panhandle ("CCTXP"), in accordance with federal, state and local laws, does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other legally protected status.

Note: Applications/resumes will be screened and qualified candidates will be called to set up an interview. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!

(PLEASE PRINT)

Date of Application _____

Name _____
(Last) (First) (Middle)

Address _____
(Street, City, State & Zip Code)

Telephone: Home _____

Cell _____

May We Leave a Detailed Message? YES NO

Position Desired _____

CIRCLE ONE: Full-Time / Part-Time / Other

How Did You Hear of the Opening? _____

Have you ever applied for a position with CCTXP?	Yes	No	If "yes," when? _____
Have you ever been employed by CCTXP?	Yes	No	If "yes," when? _____
Are you currently employed?	Yes	No	Date Available _____

For Translation/Interpretation Consideration -
What Languages Do You Speak? _____

EDUCATIONAL DATA				
School	Print Name of School, City, and State	No. of Yrs. Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Other				
Other				

EMPLOYMENT HISTORY

In the following spaces, give a complete record of your employment, including periods of unemployment, if any. Begin with your **most recent** employment, and work back in time. If additional space is needed, attach a supplementary sheet.

IMPORTANT: YOU MUST INCLUDE THE REASON(S) FOR LEAVING EACH PLACE OF EMPLOYMENT EVEN IF YOU ARE ATTACHING A RESUME.

1. Employer		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Starting Position
Address			Last Position
Telephone		To _____ Mo./Yr.	Immediate Supervisor:
Starting Salary	Final Salary		
Duties			

Reason for Leaving

2. Employer		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Starting Position
Address			Last Position
Telephone		To _____ Mo./Yr.	Immediate Supervisor:
Starting Salary	Final Salary		
Duties			

Reason for Leaving

3. Employer		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Starting Position
Address			Last Position
Telephone		To _____ Mo./Yr.	Immediate Supervisor:
Starting Salary	Final Salary		
Duties			

Reason for Leaving

4. Employer		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Starting Position
Address			Last Position
Telephone		To _____ Mo./Yr.	Immediate Supervisor:
Starting Salary	Final Salary		
Duties			

Reason for Leaving

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. May we contact your present employer? Yes No
If "no," please explain.

2. Have you ever been known by another name? We need this information to perform a complete check of work and education records.
(An affirmative response will **not** disqualify you from being considered for employment.) Yes No
If "yes," identify name(s) and relevant dates.

3. Have you ever been dismissed or forced to resign from any employment? (An affirmative response will **not** automatically disqualify you from being considered for employment.) Yes No
If "yes," please explain.

OTHER SPECIAL SKILLS/QUALIFICATIONS

Describe any other special job-related skills or qualifications (*e.g.*, military experience and training, computers, professional associations, licenses, etc.) that would be valuable to the position for which you are applying.

EXPERIENCE SUMMARY

Indicate below the kinds of work you have done:

MISCELLANEOUS INFORMATION

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. If offered employment, can you submit evidence of your legal right to work for Employer in the U.S.? Yes No
2. Are you over 21 years of age? Yes No
3. If you are applying for a position involving evening or weekend work, are you available to work at those times? Yes No N/A
4. Are you willing to work overtime as requested? Yes No
(A negative response will not necessarily disqualify you from being considered for employment.)

SECURITY DATA INFORMATION

Please provide accurate and complete information in response to the following questions. This information will be taken into account in the employment process. Do not include arrests without convictions or incarcerations for which a record has been sealed or expunged. **Please note that "yes" responses will not necessarily disqualify you from employment, nor will "no" responses guarantee employment.**

1. Within the last seven years, have you been convicted of or pleaded guilty or nolo contendere to a crime or other offense? Include any and all court convictions, military service convictions, deferred adjudication or guilty or nolo contendere pleas. Yes No
2. Are you currently on parole, probation, work release program, deferred adjudication, conditional release, or serving a weekend sentence as a result of a conviction or a guilty or nolo contendere plea? Yes No
3. In the last seven years, have you been confined (incarcerated) as a result of the sentence of any court? (Include incarcerations resulting from the sentence of a military court or similar proceeding.) Yes No

If you answered "yes" to any one of the above three questions, please provide the following information for each situation and the name under which the incident arose:

a) The date, place, and offense of the charge:

b) The location of the court and the sentence imposed or other disposition of the matter as a result of a conviction, guilty plea, nolo contendere plea or deferred adjudication:

c) If you have been in prison, the name, date and location of the facility or facilities in which you served your sentence:

d) Any other information that you believe is pertinent to our full understanding of this matter:

4. Are you presently under indictment or are you currently a defendant in any criminal proceeding? Yes No

If you answered yes, please provide the date and place of the occurrence to the indictment or pending charge, the charge, and the date and location of any trial that is scheduled in connection with the charge:

LIST OF PROFESSIONAL REFERENCES

- *Reference Information must be complete*
- *References must be related to your past work history*

Name: _____ Title: _____

Company: _____ Phone: _____

Relation to Applicant: _____ Best time to call: _____

Name: _____ Title: _____

Company: _____ Phone: _____

Relation to Applicant: _____ Best time to call: _____

Name: _____ Title: _____

Company: _____ Phone: _____

Relation to Applicant: _____ Best time to call: _____

List of Personal References (NOT Required If You Complete the Section Above)

- *Information must be complete in order to be used for consideration*

Name: _____ Day Time Phone: _____

Relation to Applicant: _____ Best time to call: _____

Name: _____ Day Time Phone: _____

Relation to Applicant: _____ Best time to call: _____

Name: _____ Day Time Phone: _____

Relation to Applicant: _____ Best time to call: _____

Reference Check Claim–Waiver Form

To the prospective employee:

Please read this document carefully. If you agree to the statements, terms, and conditions set forth herein, please initial each paragraph where indicated, and sign and date the form at the bottom. Please note that this agency does not perform background checks on all applicants. Only qualified applicants who have been through the interview process will be checked.

A. Verification of Accuracy of Statements Made In Employment Application:

I hereby certify that the information provided in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with **Catholic Charities of the Texas Panhandle** is true, complete, and accurate; and I understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with **Catholic Charities of the Texas Panhandle**, or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Applicant Initials _____

B. Release of Claims against Providers of References and/or Other Employment-Related Information:

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my employment application dated _____ (and, any resume or other materials submitted by me in connection with my effort to obtain employment with **Catholic Charities of the Texas Panhandle**.

I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my application, and any resume or other materials submitted by me to provide **Catholic Charities of the Texas Panhandle**. With any information requested that may be relevant and useful to them in making a hiring decision. **I expressly release any such persons, organizations, or entities from any and all legal liability for making disclosure of any information about me, which it is permitted by law, to release.**

Initials _____

C. Contact with Current Employer:

I DO ____ DO NOT ____ authorize you to contact my current employer. If, and only if, I have authorized you to contact my current employer, do I agree that the terms set forth in paragraph B also apply to my current employer.

Initials _____

Date: _____

Signed: _____

Print Name: _____

APPLICANT'S STATEMENT

READ THIS AGREEMENT THOROUGHLY AND CAREFULLY BEFORE SIGNING

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also understand and agree that any falsified information or significant omissions may disqualify me from further consideration for employment, and if discovered after I am hired, may result in dismissal. I also affirm that I am making this application because I am sincerely interested in being hired by Catholic Charities of the Texas Panhandle (CCTXP) and not for any other purpose.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at any time, with or without cause and with or without notice, by either CCTXP or me. I further understand that this application is not, and is not intended to be, a contract of employment and that my at-will employment status cannot be changed except by a written document signed by the Executive Director of CCTXP. I further understand that no supervisor, manager, or other employee or representative of CCTXP, other than the Executive Director, has the authority to change the at-will nature of my employment and that any oral promises of employment for a definite period or statements that are otherwise contrary to my at-will status are not binding upon CCTXP.

In consideration of my being considered for employment, I authorize a thorough investigation of my past employment and activities including criminal history, agree to cooperate in such investigation, and release from all liability or responsibility all persons and businesses requesting or supplying such information.

I understand that if offered employment, I will be required to submit to a drug screening test as a condition of employment. I further understand that refusing to submit to a test, or test results showing any detectable amount of illegal drugs; will disqualify me from being considered for employment.

I understand and agree that if I am hired I am required to read and abide by all rules and regulations of CCTXP governing the conduct of its employees, including the rules which prohibit the use or possession of illegal drugs, alcoholic beverages, firearms, or weapons of any kind in any office, work location, or facilities of CCTXP.

I understand that, during my employment, if CCTXP has reasonable suspicion that I am under the influence of alcohol or other substances while at work, and if it appears that I am having difficulty performing my job safely or effectively, I may be required to submit to alcohol/drug testing as a condition of continued employment. I also understand that drug/alcohol screen tests may be performed on a reasonable suspicion, post-accident, periodic or random basis during my employment and that my refusal to submit to a drug or alcohol test may result in immediate dismissal.

I understand that CCTXP is a subscriber under the Texas Workers' Compensation Act.

If offered employment in a position which requires driving while on duty, I understand that being insurable by an automobile liability insurance carrier, having a safe driving record (which includes keeping a valid TEXAS driver's license); immediately reporting any accidents or traffic violations to CCTXP; and satisfaction of Department of Transportation and State driving regulations, if applicable, are conditions of my employment or continued employment. If hired, I understand that should I fail to satisfy any of the above requirements, I may be subject to immediate job termination. I further understand that I may fail to meet these requirements due to traffic violations, regardless of fault, occurring on or off the job, before or during the term of employment.

CONTINUED ON NEXT PAGE

I agree that, if I am hired, I will not, during the term of my employment, become associated with or engage in any work or business that is directly or indirectly competitive with CCTXP, or that otherwise conflict with the best interests of CCTXP.

I represent and warrant to CCTXP that I am free to become employed by CCTXP and that I have no obligations to any former employer or otherwise that would prevent me from being hired by CCTXP. I further represent and agree that I have not and will not improperly disclose to CCTXP any confidential business information, trade secrets, or proprietary information belonging to any former employer or other party ("Confidential Information"). Moreover, I agree that if I am employed by CCTXP, I will not improperly disclose Confidential Information to which I gain access by virtue of my employment.

I certify that I am eligible for employment in the United States and that the documents I will furnish to verify my identity and eligibility are true and correct. I further understand and agree that, if offered employment, **I will have three (3) business days** to submit such documents to Human Resources, and that failure to submit such documents **within three (3) business days** will result in withdrawal of the offer of employment or, if employment has begun, termination from employment.

Signature of Applicant

Date

Note: This application will be retained on file for 6 months for active consideration of available positions.

FOR OFFICE USE ONLY

Interviewed By/Date	Interviewed By/Date
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