



DIOCESE of FALL RIVER
**CATHOLIC SCHOOLS
 ALLIANCE**

Support Staff Employment Application

School: _____

(School should add Name of School before applicant is given application form.
 If applicant is not applying for position at a specific school, please leave blank.)

AN EQUAL OPPORTUNITY EMPLOYER

The Diocese of Fall River is committed to a policy of nondiscrimination and equal opportunities for all employees and qualified applicants without regard to race, color, marital status, national origin, ancestry, sex, age, disability, military status or any other characteristic or status protected by law. NOTE: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

Date of application ____/____/____

Title: Mr. Mrs. Miss Ms.

Name _____
 LAST FIRST MIDDLE

Address _____
 STREET CITY STATE ZIP
 CODE

Telephone # (_____) _____ Email _____

Position Desired: _____ Cafeteria Worker _____ Child Care Worker _____ Coach
 _____ Maintenance _____ Admin. Assistant _____ Teacher Aide
 _____ Other: _____

Work Preference: _____ Full-Time _____ Part-Time _____ Substitute

Date available for work..... ____ / ____ / ____

Are you applying for a position with a specific school?..... Yes No

If yes, please identify the school and city: _____

Geographic area to which you are willing to travel: (check as many as apply)

- Fall River New Bedford area (refers to New Bedford, Acushnet, Fairhaven, Dartmouth)
 Taunton Cape Cod area (refers to Buzzards Bay, Hyannis, South Yarmouth)
 Attleboro area (refers to Attleboro, North Attleboro, Mansfield)

Educational Background

A. List last three (3) schools attended, starting with most recent.-include name, city and state of the schools B. List dates attended C. Indicate degree or diploma earned, if any. D. Major field of study.

A. SCHOOL NAME, CITY & STATE	B. DATES ATTENDED	C. DEGREE/ DIPLOMA	D. MAJOR

References

Please list two employment references from previous employers and two character references whom you will ask to submit WRITTEN and SIGNED recommendations (one character reference should be from your pastor if you are a member of any church). References should have a specific knowledge of your professional preparation and experience and/or character.

NAME AND ADDRESS	TELEPHONE	YEARS KNOWN
Employment reference	()	
Employment reference	()	
Character reference	()	
Character reference	()	

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

EMPLOYER	<u>DATES EMPLOYED</u>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	FROM	TO	
ADDRESS			
JOB TITLE			
IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	PHONE #	REASON FOR LEAVING
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER
EMPLOYER	<u>DATES EMPLOYED</u>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	FROM	TO	
ADDRESS			
JOB TITLE			
IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	PHONE #	REASON FOR LEAVING
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER
EMPLOYER	<u>DATES EMPLOYED</u>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	FROM	TO	
ADDRESS			
JOB TITLE			
IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	PHONE #	REASON FOR LEAVING
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

- Have you submitted an application here before?..... Yes No
If yes, give date(s)..... _____ / _____ / _____
- Have you ever been employed here before?..... Yes No
If yes, give date(s)..... _____ / _____ / _____
- Are you willing to perform employment responsibilities in accordance with Catholic doctrine and uphold the teachings of the Roman Catholic Church?..... Yes No

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, The Diocese of Fall River will verify the status of every individual offered employment with the organization. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

- Do you have the legal right to work and remain in the United States?..... Yes No

PREEMPLOYMENT STATEMENT

(Please read carefully and sign the statement below)

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. I understand that the schools of the Diocese of Fall River do not participate in COBRA or the Massachusetts Unemployment Compensation Program.

It is my understanding that this employment application, or granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that if hired, my employment will be at -will in nature and may be terminated, with or without cause, at any time, by myself or my employer. I also understand that this written statement supersedes any and all oral representations made by the agents or representatives of this organization.

I understand that my employment is dependent upon a satisfactory, as determined by the Superintendent, criminal background investigation report and national fingerprints report.

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorize this organization to investigate my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form or accompanying resume shall be sufficient cause for denial of employment or discharge.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____ / _____ / _____

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- On an additional page, please describe what personal attitudes and vision would make you a committed school employee in a Catholic school in the Diocese of Fall River.
 - Please attach resume and attach, or forward, official transcripts from high school, and if applicable, college and graduate school.
 - Please forward four signed letters of recommendation as noted in the References section of this application.
 - If applicable, the Pastor's Response Form may be used as one character reference by your pastor, minister, rabbi, etc. if you are a member of any church community. Please present the Pastor's Recommendation Form to your parish priest, minister, rabbi, etc. for completion and have that completed form forwarded to this office as well.

All submissions can be returned to: Diocese of Fall River-Catholic Education Center
373 Elsbree Street
Fall River, MA 02720

To Be Completed at the Discretion of the Applicant

APPLICANT DATA RECORD

Applicants are considered for positions, and employees are treated during employment, without regard to race, color, sex, national origin, age, marital or military status, disability or any other characteristic or status protected by law.

To help us comply with government record-keeping, reporting and other legal requirements, please fill out the Applicant Data Record. This data will be kept in a CONFIDENTIAL FILE separate from your Application for Employment and will not be considered in the hiring decision. We appreciate your cooperation.

Date: _____

Position (s) applied for _____

Referral Source: _____ Advertisement _____ Walk-in
 _____ Employment Agency _____ Employee Referral
 _____ Other _____

Name	(Last)	(First)	(Middle)
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Address (Street)	(City)	(State)	(Zip)
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AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants and employees. This data is for analysis and affirmative action purposes only. Submission of information is strictly voluntary.

Check one: _____ Male _____ Female

Check one of the following:
Race/Ethnic Group:

_____ White _____ Black or African American _____ Hispanic or Latino
_____ Asian _____ American Indian or Alaskan Native _____ Native Hawaiian or Other Pacific Islander
_____ Two or More Races

Check one of the following (if applicable):

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled