

■ CATHOLIC DIOCESE OF BROWNSVILLE ■

■ P. O. Box 2279 (1910 E. Elizabeth) ■

■ Brownsville, Tx 78522-2279 ■

■ 210/542-2501 ■

APPLICATION FOR

EMPLOYMENT

(Please Print)

The Diocese of Brownsville complies with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, national origin, creed, handicapped condition/disability or other protected classification unless a particular factor is determined to be a bona fide occupational qualification.

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

Previously employed by us? \_\_\_\_\_ When? \_\_\_\_\_ Position \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_ yr.

After reviewing the job description, can you perform the essential functions with or without reasonable accommodation? \_\_\_\_\_

PERSONAL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #'s \_\_\_\_\_ (hm.) \_\_\_\_\_ (wk.) Soc. Sec.# \_\_\_\_\_

Driver's License: Type \_\_\_\_\_ State \_\_\_\_\_ Expires: \_\_\_\_\_  
Lic. # \_\_\_\_\_

Are you legally eligible for employment in the USA? \_\_\_\_\_ (If yes, verification will be required.)

Are you over 18 years of age? \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Have you ever been convicted of violating any law (except traffic violation)?  
\_\_\_\_\_ (If yes, give date, place, and details). \_\_\_\_\_

(A conviction record will not necessarily disqualify an applicant from employment. The nature of the offense will be considered in relation to the position applied for.)

List any relatives/friends employed by us: \_\_\_\_\_

U. S. Military Experience and Training:

Branch: \_\_\_\_\_ Dates: Entered: \_\_\_\_\_

Final Rank: \_\_\_\_\_ Discharged: \_\_\_\_\_

Your Duties: \_\_\_\_\_

Special Training: \_\_\_\_\_

## EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER	May we contact your PRESENT EMPLOYER?		Yes	No
Name of Employer			Telephone	
Address-Street		City	State and Zip Code	
Immediate Supervisor				
Employment Dates (Mo. and Yr.) From:                      To:		Title of Position	Salary-Start \$	Salary-End \$
Description of Duties:				
Reason for change or leaving:				
Name of Employer			Telephone	
Address-Street		City	State and Zip Code	
Immediate Supervisor				
Employment Dates (Mo. and Yr.) From:                      To:		Title of Position	Salary-Start \$	Salary-End \$
Description of Duties:				
Reason for change or leaving:				
Name of Employer			Telephone	
Address-Street		City	State and Zip Code	
Immediate Supervisor				
Employment Dates (Mo. and Yr.) From:                      To:		Title of Position	Salary-Start \$	Salary-End \$
Description of Duties:				
Reason for change or leaving:				
Name of Employer			Telephone	
Address-Street		City	State and Zip Code	
Immediate Supervisor				
Employment Dates (Mo. and Yr.) From:                      To:		Title of Position	Salary-Start \$	Salary-End \$
Description of Duties:				
Reason for change or leaving:				

# EDUCATION

	NAME/CITY/STATE	(Mo /Yr.)	GRADUATED?	DIPLOMA/DEGREE
ELEMENTARY		From:		
		To:		
HIGH SCHOOL		From:		
		To:		
COLLEGE		From:		
		To:		
GRADUATE		From:		
		To:		
OTHER (Specify)		From:		
		To:		

Any other specialized training/professional certification? \_\_\_\_\_

(ATTACH A COPY OF THE ABOVE DIPLOMAS, DEGREES, CERTIFICATES, etc.)

Office Equipment Skills: \_\_\_\_\_

Computer: Word Perfect? \_\_\_\_\_ Other: \_\_\_\_\_

Foreign Languages: Spoken: \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

## PERSONAL REFERENCES

Give name, address, telephone# of 3 references (NOT relatives or former employers)

	NAME/ADDRESS	OCCUPATION	PHONE#
1.			
2.			
3.			

I hereby authorize the Diocese of Brownsville to which I am applying for employment to contact my previous employers and personal references.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

I hereby certify that the answers to all of the foregoing questions are true, complete, and accurate. I clearly understand that false statements on this application shall be considered sufficient cause for refusal of employment or, if employed, cause for dismissal. I also understand that, if employed, I will be on probation for a specified length of time and that my continued employment will be contingent upon meeting acceptable job performance standards and abiding by the policies and regulations set forth in the Personnel Manual of the Diocese.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

(Over)

## AUTHORIZATION TO RELEASE INFORMATION

In connection with my application for employment with the Catholic Diocese of Brownsville (the "Diocese"), I understand that inquiries will be made concerning my employment background and qualifications, character, education, and other related matters, such as criminal and driving records, which may be relevant to my employment qualifications. Accordingly, I hereby authorize my former employers, schools, criminal justice and other agencies, or persons named as references to release to the Diocese any and all pertinent information relating to my employment or educational record. This may include, but is not limited to, academic achievements, work habits, job performance, attendance, skills and/or abilities, disciplinary actions, arrests, and conviction records.

I hereby release any individual, agency, or company, including records custodians, from any and all liability for damages of whatever nature which may at any time result from compliance with this authorization. I agree that the Diocese shall not be held liable if the job offer is subsequently withdrawn.

This authorization shall be valid for three months from the date of my signature below.

Applicants' Name: \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_  
(Print)

Current Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

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



# Diocese of Brownsville Criminal Background Check Authorization Form

Human Resources

I authorize the Diocese of Brownsville to obtain a copy of my criminal history record information from the Department of Public Safety, the Texas Department of Criminal Justice, the Federal Bureau of Investigation identification division, or any other law enforcement agency.

Name: \_\_\_\_\_  
Last First Middle

Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: M / F  
Month Day Year

Texas Driver License Number: \_\_\_\_\_

Please list counties and states where you have lived outside of Texas within the past ten years.

State	County
_____	_____
_____	_____
_____	_____
_____	_____

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

For employment at: \_\_\_\_\_  
(Catholic Diocese of Brownsville)

Return Criminal Record to:

Mrs. Genie Treviño  
Human Resources Director  
P. O. Box 2279  
Brownsville, TX 78522-2279

Rev. 10/99