

1092 Welsh Road-Shillington PA 19607

## DIOCESE OF ALLENTOWN P.O. BOX F, ALLENTOWN, PA 18105-1538 (610) 871-5200

## APPLICATION FOR EMPLOYMENT

| Name Last  | First   | Middle   | Today's Date   |  |  |  |  |  |  |  |
|--|---------|----------|--|--|--|--|--|--|--|--|
|  |         |          |  |  |  |  |  |  |  |  |
| Address  | Street  |          | Telephone No.  |  |  |  |  |  |  |  |
|  |         |          | Mobile:  |  |  |  |  |  |  |  |
| City   | State   | Zip Code | Home: Email Address  |  |  |  |  |  |  |  |
| City   | State   | Zip Code | Lindii Address   |  |  |  |  |  |  |  |
| (1) Position You are Applying for:  F/T P/T Date you can start:  |         |          |  |  |  |  |  |  |  |  |
|  | e es es | 1.2      | and the second of the second o |  |  |  |  |  |  |  |
| (2) Can you perform the essential functions of the job you are applying for, with or without reasonable accommodations?YesNo   |         |          |  |  |  |  |  |  |  |  |
| If no, please describe:  |         |          |  |  |  |  |  |  |  |  |
|  |         |          |  |  |  |  |  |  |  |  |
| If reasonable accommodations are necessary, please describe the accommodations needed:   |         |          |  |  |  |  |  |  |  |  |
| (3) Are you at least 18 years of age or older (If no, you must present a State of Pennsylvania Work Permit)?YesNo  |         |          |  |  |  |  |  |  |  |  |
| (4) Have you previously worked for the Diocese of Allentown? Yes No  |         |          |  |  |  |  |  |  |  |  |
| Position:  |         | VEC NO   |  |  |  |  |  |  |  |  |
| (5) For Driving Jobs ONLY: Do you have a valid driver's license? YESNO   |         |          |  |  |  |  |  |  |  |  |
| Have you had your driver's license suspended or revoked in the last three years? YES NO  |         |          |  |  |  |  |  |  |  |  |
| If yes, give details:  |         |          |  |  |  |  |  |  |  |  |
| (7) Referred by (if applicable):   |         |          |  |  |  |  |  |  |  |  |
| (8a) Have you ever been convicted of a crime in the nature of a felony or misdemeanor? The term "convicted" includes any conviction resulting from a plea of guilty or noto contendere (no contest). (Conviction will not necessarily disqualify an applicant from employment and will be considered only to the extent that it relates to an applicant's suitability for the position sought). If YES, please indicate the date, crime, location and circumstances surrounding the conviction(s). |         |          |  |  |  |  |  |  |  |  |
| (9) Are you legally eligible for employment in the United States?  |         |          |  |  |  |  |  |  |  |  |
| (Proof of Citizenship or Immigration Status will be required upon employment.)   |         |          |  |  |  |  |  |  |  |  |

I understand an offer of employment is made conditional upon satisfactory completion of a Pennsylvania State Police Criminal Record check, Pennsylvania Child Abuse History, FBI Criminal Background Fingerprint check and, if applicable, a motor vehicle report.

I understand that this is only an application for employment and is not to be interpreted as a contract.

In compliance with federal and state equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, ancestry, or disability status.

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## **DIOCESE OF ALLENTOWN**

| Please complete th   | e following in  | formation, if applic  | able to the positi                                    | ion you are applying   | for:  |  |   |  |  |
|--|---|---|---|--|---|--|---|--|--|
| School   | Name of School  |   |   | Location<br>(City, State)  |   | Study/Major  | Diploma, Degree<br>Certificate Rec'       |  |  |
| High School/GED  |   |   |   |  |   |  |   |  |  |
| College or<br>University   |   |   |   |  |   |  |   |  |  |
| Vocational or  |   |   |   | *  |   |  |   |  |  |
| Business<br>Nursing  |   |   |   |  |   |  |   |  |  |
| Education  |   |   |   |  |   |  |   |  |  |
| SPECIAL SKILLS AI  | ND QUALIFIC   | CATIONS FOR TH  | IS POSITION:  |  |   |  |   |  |  |
|  |   |   |   |  |   |  |   |  |  |
|  |   |   |   |  |   |  |   |  |  |
| Are you currentl   | v workina?  | Yes   | No  |  |   |  |   |  |  |
| EMPLOYMENT RE  | -   |   |   |  |   |  |   |  |  |
| Present and Former Employers   |   | Dates<br>Employed   | Position & Dutie                                      | Position & Duties  |   | Reason for Leaving                                     |   |  |  |
| Name   |   | From:   | 1 osmon a ban   | nion & Duties  |   | Leaving  |   |  |  |
| City/State   |   | *   | -   |  |   |  |   |  |  |
| Oity/Glate   |   | To:   |   |  |   |  |   |  |  |
| Supervisor's Name Phone No.  |   |   |   |  |   |  |   |  |  |
| Name   |   |   | From:   |  |   |  |   |  |  |
|  |   |   |   |  |   |  |   |  |  |
| City/State   |   | To:   |   |  |   |  |   |  |  |
| Supervisor's Name Phone No.  |   |   |   |  |   |  |   |  |  |
| Name   |   |   | From:   |  |   |  |   |  |  |
| name   |   | FIOIII.   |   |  |   |  |   |  |  |
| City/State   |   | To:   |   |  |   |  |   |  |  |
| Supervisor's Name Phone No.  |   |   |   |  |   |  |   |  |  |
|  |   |   |   |  |   |  |   |  |  |
| May we contact your  | oresent emplo   | oyer: Yes   | No Ma   | ay we contact your p   | revious emplo                                   | yers: Yes  | No  |  |  |
| PROFESSIONAL R   | EFERENCES   |   |   |  |   |  |   |  |  |
| Name   | lame Company/Or   |   | ganization  | on City, State   |   | Business Phone   |   |  |  |
|  |   |   |   |  | -   |  |   |  |  |
|  |   |   |   |  |   |  |   |  |  |
|  |   |   |   |  |   |  |   |  |  |
| I hereby affirm that that any false or mis employment and ma regulations of the Dithat it can be terminated biocese of Allentown | leading info<br>by result in to<br>ocese of All-<br>ated at any t | rmation, represer<br>ermination even i<br>entown. If hired, l | ntations, or om<br>f discovered at<br>I understand th | issions may disqua<br>a later date. If hire<br>nat my employment | alify me from<br>ed, I agree to<br>will be on a | further consider<br>conform to the<br>n at-will basis, | eration for<br>e rules and<br>which means |  |  |
| SIGNATURE OF AF  | PLICANT_  |   |   | DATE:  |   |  |   |  |  |

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