

# APPLICATION FOR EMPLOYMENT

THE DIOCESE OF FORT WAYNE-SOUTH BEND, INC.

P.O. BOX 390 Fort Wayne, Indiana 46801

The Diocese of Fort Wayne-South Bend, Inc. is a not-for-profit religious corporation empowered under Canon law to fulfill the spiritual, educational, and charitable mission of the Catholic Church in the Northeastern portion of the State of Indiana. If you are offered employment and you accept such offer, your efforts, as an employee of the Diocese, would play a vital role towards the successful fulfillment of the sacred mission of this local Church.

The Diocese of Fort Wayne-South Bend, Inc. maintains a policy of non-discrimination in its hiring and employment practices. Hiring and employment practices are based on job-related criteria including, but not limited to, one's fidelity to the Catholic faith, comporting oneself in a manner that is not detrimental to the Catholic Church or inconsistent with its teachings or principles, individual merit, ability, experience, performance, education, and training. This policy extends to all aspects of employment including recruitment, selection, compensation, reasonable accommodation, promotion, transfer, training, retention, and termination. Since the distinctive and unique mission of the Diocese is primarily religious, the Diocese will, whenever possible, hire a Catholic in good standing to perform work for the Diocese.

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

Position(s) Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

This application will be kept in an active status for a period of 90 days. If you are not interviewed or employed during this period, it will be necessary for you to reapply.

## PERSONAL DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Are You Catholic? If Not, were you Previously a Catholic? \_\_\_\_\_ If Catholic, to which Parish Do You Belong? \_\_\_\_\_ If Not Catholic, to which Denomination Do you Belong? \_\_\_\_\_

Are You 18 Years of Age or Older? \* \_\_\_\_\_ Are You a United States Citizen or Do You Have Legal Authorization to Work in the United States?\* \_\_\_\_\_ If Position Requires Travel What % of Time can You Travel? \_\_\_\_\_

Have You Ever Been Employed by the Diocese of Fort Wayne-South Bend, Inc.? \_\_\_\_\_ If Yes, Give Dates, Position(s) held and Name(s) Under Which You Were Employed \_\_\_\_\_

Name of Relatives or Friends Employed by the Diocese of Fort Wayne-South Bend, Inc. \_\_\_\_\_ Days and Times For Which You Are Available \_\_\_\_\_

Date Available to begin \_\_\_\_\_ Please Indicate Foreign Languages You: Speak \_\_\_\_\_ Fluent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Read \_\_\_\_\_ Compensation/Salary Write \_\_\_\_\_ \_\_\_\_\_

Requirements \$ \_\_\_\_\_ Per \_\_\_\_\_

Is Any Additional Information Relative to Maiden Name, Change of Name, Use of an Assumed Name or Nickname Necessary To Enable a Check of your Records or References? \_\_\_\_\_ If Yes, Please Provide Name(s) \_\_\_\_\_

Have You Ever Been Arrested For Or Convicted Of A Crime that has not been expunged by a court? \*\* \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Have you ever been investigated by a child protection agnecy? \*\* \_\_\_\_\_ If Yes, explain. \_\_\_\_\_

\* If Hired, Appropriate Verification May be Required  
 \*\* This information will not Necessarily Bar an Applicant From Employment

## REFERENCES

Please list at least 3 individuals, such as present or former pastors, supervisors, business clients, or teachers, with whom you are not related or living who we may contact who have knowledge of your character, experience or ability. The references must include at least one reference from each parish in which you were a member or community (city, town) in which you resided during the last ten (10) years. Use additional sheet if necessary.

Name	Occupation	Years Acquainted
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Address	Business Phone	Home Phone
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Name	Occupation	Years Acquainted
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Address	Business Phone	Home Phone
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Name	Occupation	Years Acquainted
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Address	Business Phone	Home Phone
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## EDUCATION

Type of School	Name of School	Location	Years Completed				Graduated (Circle)		Major Field of Study
High School			9	10	11	12	Yes	No	
Business, Vocational, Or Technical Schools And Junior Colleges			1	2			Yes	No	
College			1	2	3	4	Yes	No	
Graduate School			1	2	3	4	Yes	No	
Other (Include Military Schools And Certificates)									

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## MILITARY SERVICE

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Have You Served in The  
Armed Forces?

If Yes, Complete The  
Remaining Blocks  
In This Section

Branch

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Highest Rank

Date Entered

Date Discharged

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Principle Duties

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Service School or  
Special Experience

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## SKILLS

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Please List All Equipment and Machines Which You Can Operate (Including Office Machines):

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Please List Computers and Software You Have Used:

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Please List Typing Speed \_\_\_\_\_ WPM and Shorthand Speed \_\_\_\_\_ WPM

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Please List Any Other Experiences, Skills or Qualifications Which You Feel Especially Fit You for Work With the Diocese of Fort Wayne-South Bend, Inc.

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Exclude all information indicative of age, race, sex, religion, national origin or disability.  
Do you or have you engaged in any outside activities that you feel make you better qualified for the job you are seeking?  
(Answers to this question are voluntary and optional.)

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Type of Organization	Name or Description of Organization	From	When Participated To	Offices Held	Average Hours Per Week
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School

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Professional

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Civic/Other

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## WORK EXPERIENCE

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START WITH PRESENT OR MOST RECENT POSITION FIRST. Account for all periods of unemployment. Use additional sheet if necessary.

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1. Employer: _____ Address: _____ _____ Supervisor: _____ Phone: _____	Position: _____ Duties: _____ _____ Reason for leaving: ___ Resignation ___ Discharge ___ Layoff ___ Other: _____	EMPLOYED From: _____ To: _____ Pay Rate-Start: _____ Ending: _____ Bonus/Other _____
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2. Employer: _____ Address: _____ _____ Supervisor: _____ Phone: _____	Position: _____ Duties: _____ _____ Reason for leaving: ___ Resignation ___ Discharge ___ Layoff ___ Other: _____	EMPLOYED From: _____ To: _____ Pay Rate-Start: _____ Ending: _____ Bonus/Other _____
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3. Employer: _____ Address: _____ _____ Supervisor: _____ Phone: _____	Position: _____ Duties: _____ _____ Reason for leaving: ___ Resignation ___ Discharge ___ Layoff ___ Other: _____	EMPLOYED From: _____ To: _____ Pay Rate-Start: _____ Ending: _____ Bonus/Other _____
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### APPLICANT'S STATEMENT: Please Read Carefully and Sign Below. (Your Application Must Be Signed)

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EMPLOYMENT WITH THE DIOCESE IS SUBJECT TO, AMONG OTHER THINGS, BACKGROUND SCREENING AND REFERENCE CHECKS. AS A CONDITION FOR THE CONSIDERATION OF MY APPLICATION, AND TO ASSIST THE DIOCESE IN EVALUATING MY EMPLOYMENT QUALIFICATIONS, I AUTHORIZE THE DIOCESE TO REQUEST AND RECEIVE CRIMINAL HISTORY INFORMATION ON ME AND ANY INFORMATION FROM MY PRESENT OR PAST EMPLOYERS OR PERSONAL REFERENCES CONCERNING EVALUATIONS OF MY WORK PERFORMANCE AND OTHER MATTERS OF OPINION. I AUTHORIZE CIVIL AUTHORITIES AND ANY OF MY REFERENCES AND PRESENT OR PAST EMPLOYERS OR SCHOOLS TO FURNISH THE DIOCESE ANY OR ALL INFORMATION REQUESTED ABOVE AND RELEASE THEM AND THE DIOCESE AND ITS AFFILIATES FROM ANY AND ALL RESPONSIBILITIES ARISING OUT OF THE RELEASE OF ANY SUCH INFORMATION. I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE A PROMISE OF EMPLOYMENT OR AN EMPLOYMENT CONTRACT BETWEEN THE DIOCESE AND MYSELF. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE DIOCESE UNLESS MADE IN WRITING SIGNED BY ME AND AN AUTHORIZED REPRESENTATIVE OF THE DIOCESE. IF I AM NOT BOUND BY A CONTRACT, I UNDERSTAND I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY OR NO REASON AND THAT THE DIOCESE RETAINS A SIMILAR RIGHT. I CERTIFY THAT INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE OR MATERIALLY INCORRECT INFORMATION IN THIS APPLICATION IS GROUNDS FOR DISQUALIFICATION FROM FURTHER CONSIDERATION, OR IMMEDIATE DISCHARGE FROM EMPLOYMENT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness

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

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

THIS APPLICATION WILL BE KEPT IN AN ACTIVE STATUS FOR A PERIOD OF 90 DAYS. IF YOU ARE NOT EMPLOYED DURING THIS PERIOD, IT WILL BE NECESSARY FOR YOU TO REAPPLY.

