

Office of Human Resources 1408 Carmel Drive Lafayette LA 70501 (337) 261-5526

APPLICATION FOR EMPLOYMENT

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, or the presence of a non job-related medical condition or handicap.

There may occasionally be positions vacant which require knowledge of the Catholic faith. In those circumstances, knowledge of the faith becomes a qualification, but it is not always necessary that the applicant be Catholic.

Position Applying for	
Will this position involve any contact or work with m	ninors? 🗆 Yes 🗆 No
Date Available for Employment	Minimum Acceptable Salary
NAME	Social Security No
Mailing Address	
City, State, Zip	(A) (A) (A) (A)
Df]a Ufm7cbHUMiNumber ()	9a U] '5XXfYgg 'SSSSSSSSSSSSS
Are you 18 or over? Are you available for Graph Test Test Test Test Test Test Test Test	□ Evening □ Mon – Fri □ Weekends
Do you have a valid driver's license? Do you have transportation at your disposal? Have you ever been accused of, or has a civil or crir complaint ever been filed against you, alleging sexu	
abuse, other physical abuse, or neglect of a minor be Have you ever been convicted of a felony? How did you hear about this position?	by you?
Have you ever worked for the Diocese before? If yes, where, when, and in what capacity?	□ Yes □ No
EDUCATION	
3	□ Yes □ No Name of High School □ Yes
College/University Name Location	to DegreeMajor
Graduate School Name Location	to DegreeMajor
OTHER SCHOOLS ATTENDED (business, trade, militer Name	Dates attendedto Did you complete the course of study? \[\text{D} Yes \text{No} \]
BUSINESS SKILLS Can you type?	WPM Word Processing? Yes No

THE FOLLOWING IS AN IMPORTANT PART OF THE APPLICATION AND SHOULD BE READ CAREFULLY I understand that if employed by the Diocese of Lafayette Central Office, my acceptance of employment does not constitute and no agreement to the contrary (written, stated, or implied) will be recognized unless entered into with the Moderator for Stew understand that my employment with the Diocese shall depend on satisfactory replies from my references and former employers. I a	
If yes, please list their name(s), relationship to you, and their position with the Diocese WORK EXPERIENCE (List present and past employment beginning with your most recent employment. If addinated needed, please use another sheet of paper and attach.) EMPLOYER NAME, ADDRESS and Position PHONE NUMBER Reason for Leaving Supervisor May we contact your current employer?	
Duties	
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PHONE NUMBER From (date) To (date) Salary Reason for Leaving Supervisor May we contact your current employer? Yes No EMPLOYER NAME, ADDRESS and Position Phone NUMBER From (date) To (date) Salary Reason for Leaving Supervisor EMPLOYER NAME, ADDRESS and Position Phone NUMBER From (date) To (date) Salary Phone NUMBER From (date) To (date) Salary Reason for Leaving Supervisor From (date) To (date) Salary Reason for Leaving Supervisor References: Personal And Professional (do not include relatives) NAME ADDRESS PHONe Inderstand that if employed by the Diocese of Lafayette Central Office, my acceptance of employment does not constitute and no agreement to the contrary (written, stated, or implied) will be recognized unless entered into with the Moderator for Stew understand that my employment with the Diocese shall depend on satisfactory replies from my references and former employers. Is	ional space is
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	ardship of the Dioces
bb/ministry involves contact with minors, I must undergo a criminal background check as a condition for employment. I agree to ab	
and codes of professional conduct of the Diocese and that while the Diocese may have in effect certain personnel procedures a	
existence of the procedures and practices, nor the Diocese's use or failure to use them, creates any obligation between the Diocese	-
hat my employment is for no definite period and may be terminated with or without notice, at any time, for any reason, or no reas nyself. I further understand that hours of work will be flexible when deemed necessary by the Diocese.	on, by the blocese o
I authorize the Diocese to verify any statements made by me on the application and any other Diocesan form(s) complete	ed by me. I authorize
ersons having knowledge of myself or my records to release such information to the Diocese. I release these companies and person and person and person of the Diocese of the Diocese. I release these companies and person of the Diocese of the Diocese.	is and the Diocese f
any and all liability or claims that may arise by such disclosures or investigations. I certify that the statements made by me on this application are true, complete, and correct and it is further understood that	t should anv falsifica
e discovered, it will constitute grounds for non-acceptance or for dismissal.	a, raiomou

Applicant's Signature

Date