

CATHOLIC CEMETERIES -ARCHDIOCESE OF OMAHA

Application for Employment

PLEASE PRINT CLEARLY

Position Applied For _____

Date Available for Employment: _____ Minimum Acceptable Wage: _____ annually / per hour

NAME _____
LAST FIRST MIDDLE

Street Address _____

City, State, Zip _____

Home Phone Number (_____) _____ Cell Phone Number (_____) _____

Are you 18 or over? [] Yes [] No
Are you available for [] Full-time [] Part-time [] Temporary [] Mon-Fri [] Weekends
Do you have a valid driver's license? [] Yes [] No
Driving Violations last 5 Years?: _____
Do you have transportation to work? [] Yes [] No
Have you ever worked for the archdiocese before? [] Yes [] No

EDUCATION

Highest grade completed:
Do you have a high school diploma? [] Yes [] No Name of High School _____
General Equivalency Diploma? [] Yes [] No Location _____

College/University
Name _____ Dates attended _____ to _____
Location _____ Degree obtained? _____ Major _____
Graduate School
Name _____ Dates attended _____ to _____
Location _____ Degree obtained? _____ Major _____

OTHER SCHOOLS ATTENDED (business, trade, military)

Name _____ Dates attended _____ to _____
Location _____ Did you complete the course of study? [] Yes [] No
If yes, license or certificate received _____

OFFICE SKILLS

Can you use Microsoft Office [] Yes []
Computer applications used _____

LANGUAGE SKILLS

Can you speak, read, write in English? _____
Can you speak, read, write other languages, and if so, which? _____

TECHNICAL SKILLS, or LAWN / HEAVY EQUIPMENT EXPERIENCE, ETC.

EXPERIENCE WORKING WITH PUBLIC?: _____

WORK EXPERIENCE (List present and past employment beginning with your most recent employment. If additional space is needed, please use another sheet of paper and attach.)

EMPLOYER NAME, ADDRESS and PHONE NUMBER	Position:	Duties:
	From:	
	To:	
	Salary:	
	Reason for Leaving:	
Supervisor:		

May we contact your current employer? Yes No

EMPLOYER NAME, ADDRESS and PHONE NUMBER	Position:	Duties:
	From:	
	To:	
	Salary:	
	Reason for Leaving:	
Supervisor:		

EMPLOYER NAME, ADDRESS and PHONE NUMBER	Position:	Duties:
	From:	
	To:	
	Salary:	
	Reason for Leaving:	
Supervisor:		

REFERENCES: PERSONAL AND PROFESSIONAL (DO NOT INCLUDE RELATIVES)

NAME	HOW KNOWN	PHONE NUMBER
1. _____		
2. _____		
3. _____		

The following is an important part of the application and should be read carefully.

I understand that, if employed by the Catholic Cemeteries of the Archdiocese of Omaha, my acceptance of employment does not constitute an employment contract and no agreement to the contrary, written, stated, or implied, will be recognized unless entered with the Director of Catholic Cemeteries. I understand that my employment with the Catholic Cemeteries shall depend on satisfactory background and reference checks, and successfully completing medical and drug screen. I agree to abide by the rules, systems, and policies of the Company and that while the Company may have in effect certain personnel procedures and practices, neither the existence of the procedures and practices, nor the Archdiocese's use or failure to use them, creates any obligation between the Company and myself. I understand that my employment is for no definite period and may be terminated with or without notice, at any time, for any reason or no reason by the Company or myself. I further understand that hours of work will be flexible when deemed necessary by the Company.

I authorize Catholic Cemeteries to verify any statements made by me on the application and any form completed by me. I authorize all persons having knowledge of myself or my records to release such information to the Company. I release these companies and persons and Catholic Cemeteries from 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 should any falsification be discovered it will constitute grounds for non-acceptance or dismissal.

Signature

Date