

# 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 \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ (Type: Home / Cell) Email: \_\_\_\_\_

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  No  
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	<b>Position:</b>	<b>Duties:</b>
	From:	
	To:	
	Salary:	
	Reason for Leaving:	
Supervisor:		

May we contact your current employer?  Yes  No

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

EMPLOYER NAME, ADDRESS and PHONE NUMBER	<b>Position:</b>	<b>Duties:</b>
	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