



# GRAND ISLAND CENTRAL CATHOLIC APPLICATION FOR EMPLOYMENT

Position for which you are applying: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Are you able to lift 40 lbs?  Yes  No      Do you have the ability to work with kids?  Yes  No

Please estimate the number of days you were absent from your job last year due to illness: \_\_\_\_\_

Please estimate the total number of days you were absent from your job last year: \_\_\_\_\_

Do you use illegal drugs?  Yes  No

Have you ever been convicted of a criminal offense?  Yes  No

Have you ever been charged with child abuse or neglect?  Yes  No

Has your driver's license ever been suspended or revoked?  Yes  No

Other than above, is there any other circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of students/children?  Yes  No

Please list your education including high school, vocational/technical schools, colleges/universities:

<u>INSTITUTION NAME</u>	<u>LOCATION</u>	<u>MAJOR/MINOR</u>	<u>DEGREE</u>	<u>YEAR</u>

Please list your work experience:

<u>BUSINESS NAME &amp; LOCATION</u>	<u>POSITION</u>	<u>MAIN DUTIES</u>	<u>DATES FROM / TO</u>

Please provide at least 4 references whom we may contact. Include current & former employers, supervisors, clergy:

<u>NAME &amp; TITLE</u>	<u>BUSINESS</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>

I understand that the information I have provided may be verified, if necessary, by contacting the persons or organizations named in this application, or by contacting any persons or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability and person or organization that provides information. I also agree to hold harmless the school, parish and Diocese of Grand island, and officers, employees and volunteers thereof. In signing this application, I affirm that the information I have given is true and correct.

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

*Complete both pages of this 2-page document, and return to: Mr Jordan Engle, Central Catholic, 1200 Ruby Ave, Grand Island, NE 68803*