Archdiocese of Chicago

An Equal Opportunity Employer

Application for Employment or Volunteer Service

Thank you for filling out this application. This form is designed for those applying for a position with any department, agency, or parish of the Archdiocese of Chicago, including current employees or applicants seeking paid employment or volunteer work involving regular contact with children.

The Archdiocese of Chicago complies with all laws concerning nondiscrimination in employment. We do not unlawfully discriminate on the basis of race, religion, color, sex, national origin, marital status, age, unfavorable discharge from military service, arrest record, or mental or physical handicap unrelated to ability to perform the duties of the position. It is our policy to offer reasonable accommodations for the special needs of otherwise handicapped individuals.

Please keep in mind that acceptance of this form does not constitute a contract of employment nor is it a commitment to the applicant.

Section A: Basic Information (please print)

Other Education (please describe)

Last Name		First Name Middle Name				
Address	Apt #	City		State	Zip	
Phone Number	SSN	Email Address				
Are you legally eligible for emploin the United States of America?	Have you ever used a surname other than the name you indicated above?					
If "yes" state name used and exp	lain:					
What position are you applying t	Date Available?					
Salary requirements (only if appl	icable)					
How were you referred to us?						
Section B: Education						
High School Name	Address		Degree E	arned? OY	'es ○No ○GE	D
College Name	Address		Major		Degree	
Graduate School Name Address			Major		Degree	

Major

Degree

Address

Section C: Employment

Please list chronologically, your employment and volunteer activities. If there were times you were not employed nor volunteering, include those dates and describe your principal activities.

Employer Name		Position Held		Direct Supervisor's Name	
Date Hired Term Date		Phone Number		Reason for Leaving	
Employer Name		Position Held		Direct Supervisor's Name	
Date Hired Term Date		Phone Number		Reason for Leaving	
Employer Name		Position Held		Direct Supervisor's Name	
Date Hired Term Date		Phone Number		Reason for Leaving	
Employer Name		Position Held		Direct Supervisor's Name	
Date Hired Term Date		Phone Number		Reason for Leaving	
Section D: Refero	ences employed or volunteere	ed, please list thre	e personal references:		
Reference Name		Relationship		Phone Number	
Reference Name		Relationship		Phone Number	
Reference Name		Relationship		Phone Number	
Reference Check (For	office use only)				
Reference Name			Date Verified	Verifier	
Reference Name			Date Verified	Verifier	
Reference Name			Date Verified	Verifier	
L			1	I .	

I certify that the information and statements contained within this application are true and complete to the best of my knowledge. I understand that any falsification or omission of information requested in this application will result in termination of my employment.
I authorize the Archdiocese of Chicago or its agents to undertake any investigation it deems appropriate in connection with this application, including contact with all prior employers and a criminal background check.
Signature
Date
For current employees or applicants seeking paid employment or volunteer work involving regular contact with children:
Check one box - do not sign unless you understand the law.
I am aware of the Illinois Abused and Neglected Child Reporting Act and its reporting requirements.
I am not aware of this act and need to have it explained to me.
☐ I have had this act explained to me and I now understand it.
Signature
Date