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. Racic Information

section A: basic inform	ation (ple	ease print)						
Last Name		First Name		Middle Name				
Address		Apt#	City		State	Ziţ)	
Phone Number	SSN		Email Address					
Are you legally eligible for emploin the United States of America?		○Yes ○No	Have you ever used a surny you indicated above?	ame other th	nan the r	name	○Yes	○No
If "yes" state name used and exp	olain:							
What position are you applying	for?			Date Availa	able?			
Salary requirements (only if app	licable)							
How were you referred to us?								
Section B: Education								
High School Name		Address		Degree E	arned?	○Yes	○No	GED

High School Name	Address	Degree Earned?	′es ○No ○GED
College Name	Address	Major	Degree
Graduate School Name	Address	Major	Degree
Other Education (please describe)	Address	Major	Degree

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.

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Employer Name		Position Held	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	Phone Number		Reason for Leaving		
Employer Name		Position Held		Direct Supervisor's Name			
Date Hired	Term Date	Phone Number	Phone Number		Reason for Leaving		
Employer Name		Position Held			Direct Supervisor's Name		
Date Hired	Term Date	Phone Number			Reason for Leaving		
Section D: Refe	erences en employed or volunt	teered, please list thre	ee personal reference	es:			
Reference Name		Relationship	Relationship		Phone Number		
Reference Name		Relationship			Phone Number		
Reference Name		Relationship	Relationship		Phone Number		
Reference Check (F	or office use only)						
Reference Name			Date Verified	Ver	ifier		
Reference Name			Date Verified	Ver	ifier		
Reference Name			Date Verified Verifier		ifier		
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	ation and statements contained within this application are true and complete to the best of my knowledge. I sification or omission of information requested in this application will result in termination of my employment.
	cese of Chicago or its agents to undertake any investigation it deems appropriate in connection with this ontact with all prior employers and a criminal background check.
Signature	
Date	
For current employees	s or applicants seeking paid employment or volunteer work involving regular contact with children:
Check one box - do r	not sign unless you understand the law.
☐ I am aware o	f the Illinois Abused and Neglected Child Reporting Act and its reporting requirements.
☐ I am not awa	are of this act and need to have it explained to me.
☐ I have had th	nis act explained to me and I now understand it.
Signature	
Date	