



Diocese of Gary
9292 Broadway
Merrillville, IN 46410

EMPLOYMENT APPLICATION

Applicants requiring accommodation please notify the receptionist.

PLEASE PRINT CLEARLY

Date of Application _____
Name _____
Address _____
Home Phone Number _____
Alternate/Cell Number _____
E-mail Address _____
Position Applying For: _____

What is the best time of day to call you at home? _____

May we call you at your work number? _____
If yes, please provide your work number? _____

Have you previously applied for employment with the Diocese of Gary? _____

Have you ever worked for the Diocese of Gary? _____
If yes, where and when did you work? _____

What type of work are you seeking (circle one): Full-time Part-time Temporary

If you selected part-time or temporary, please explain your availability:

What is your desired salary range? _____

Are you able to provide proof of your eligibility to work in the United States? _____

Have you ever been convicted of a felony? _____

If "yes," please explain:

EMPLOYMENT HISTORY

List your last three employers in order, beginning with the most recent.

Starting date ___/___/___ Ending date ___/___/___ End Rate of Pay \$ _____

Name of Employer: _____

Phone Number: _____

Address: _____

Your Job Title: _____

Your Responsibilities: _____

Reason for Leaving: _____

Name and job title of your supervisor: _____

Starting date ___/___/___ Ending date ___/___/___ End Rate of Pay \$ _____

Name of Employer: _____

Phone Number: _____

Address: _____

Your Job Title: _____

Your Responsibilities: _____

Reason for Leaving: _____

Name and job title of your supervisor: _____

Starting date ___/___/___ Ending date ___/___/___ End Rate of Pay \$ _____

Name of Employer: _____

Phone Number: _____

Address: _____

Your Job Title: _____

Your Responsibilities: _____

Reason for Leaving: _____

Name and job title of your supervisor: _____

Explain any gaps in employment:

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Explain any awards, certifications, memberships, training, or skills that you feel will be an asset to employment with the Diocese of Gary:

PERSONAL REFERENCES

Please do not list relatives as personal references. You may use employees of the Diocese of Gary.

Name: _____

Phone Number: _____ Alternate phone: _____

Occupation: _____

Address: _____

Name: _____

Phone Number: _____ Alternate phone: _____

Occupation: _____

Address: _____

Name: _____

Phone Number: _____ Alternate phone: _____

Occupation: _____

Address: _____

List any other information you would like to have considered:

The Diocese of Gary is an Equal Opportunity Employer. We consider all applicants without regard to race, color, religion, gender, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria. No part of this application will be used for the purpose of excluding or limiting any applicant's employment on any basis prohibited by local, state and federal law.

READ THE FOLLOWING STATEMENT CAREFULLY, THEN SIGN AND DATE THE STATEMENT.

I understand and agree that any misrepresentation or falsification by me in this application will be sufficient cause to cancel this application, and/or if I am employed by the Diocese of Gary to cause termination of my employment.

I understand that I may resign at any time, and the Diocese of Gary has the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the Diocese of Gary has the right or authority to make any claim to the contrary.

I give the Diocese of Gary permission to investigate all references and secure additional job related information. I release from liability any representative of the Diocese of Gary in seeking such information.

I understand that this application is current for only 90 days. At the conclusion of that time, if I wish to be considered for employment, I will need to make a new application.

Signature of applicant: _____

Printed Name: _____

Date: _____