

<p><b>St. Anthony Church</b>  <b>St. Anthony's &amp; St. Mary's Parish Center</b>          59 North Main St. * Cortland, Ny 13045          Telephone 607 756-9967 * FAX 607 753-3444          Email: <a href="mailto:staoffice@centralny.twcbc.com">staoffice@centralny.twcbc.com</a>          Website: <a href="http://saintanthonyofcortland.com">saintanthonyofcortland.com</a>          Fax: (607) 753-3444  <b>Application for Custodial Position at</b>  <b>St. Anthony's Church</b></p>	<p><b>Office Use Only</b></p> <p><b>Approved</b> _____  <b>Disapproved</b> _____  <b>Conditional</b> _____</p>
<p>Answer all questions fully and carefully. Type or print in ink. You may attach additional information if necessary.</p>	

**Part I.**

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Mi \_\_\_\_\_
2. Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
3. Were you ever dismissed from any employment for reasons other than lack of work? Yes \_\_\_ No \_\_\_
4. Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_ No \_\_\_
5. If your answer to #4 is yes, please explain giving details of the charges, conviction and sentence that may impact your ability to perform the duties of this position. Use an additional sheet if needed.

6. Title, Your Name, Legal Address, etc.

Title of Position:	Final Approval:
Applicant's Name:	Conditional:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address If Different Than Above

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Do You Have A valid NYS Driver's License? Yes \_\_\_ No \_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

**Part II Those interviewing will see only the following pages and any attachments**

5. Title, Your Name, Legal Address, etc.

Title of Position:	Final Approval:
Applicant's Name:	Conditional:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address If Different Than Above

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**6. Work Experience**

On the following pages, list a consecutive history of all employment or occupations that you have ever had, including military experience. Start with your current or most recent employment first and work your way backward. You are responsible for submitting an accurate, adequate, and clear description of your experience. Omission, vagueness, or fabrications will not be interpreted in your favor. Attach additional sheets as necessary.

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK: _____	<b>WHY DID YOU LEAVE?</b>		
<input type="checkbox"/> PAID	<input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> RETIRED <input type="checkbox"/> PROMOTED <input type="checkbox"/> OTHER (EXPLAIN IN DETAIL)		
<input type="checkbox"/> VOLUNTEER	<b>DUTIES:</b>		
<input type="checkbox"/> INTERNSHIP			
<input type="checkbox"/> OTHER (EXPLAIN)			

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK: _____	<b>WHY DID YOU LEAVE?</b>		
<input type="checkbox"/> PAID	<input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> RETIRED <input type="checkbox"/> PROMOTED <input type="checkbox"/> OTHER (EXPLAIN IN DETAIL)		
<input type="checkbox"/> VOLUNTEER	<b>DUTIES:</b>		
<input type="checkbox"/> INTERNSHIP			
<input type="checkbox"/> OTHER (EXPLAIN)			

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK: _____	<b>WHY DID YOU LEAVE?</b>		
<input type="checkbox"/> PAID	<input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> RETIRED <input type="checkbox"/> PROMOTED <input type="checkbox"/> OTHER (EXPLAIN IN DETAIL)		
<input type="checkbox"/> VOLUNTEER	<b>DUTIES:</b>		
<input type="checkbox"/> INTERNSHIP			
<input type="checkbox"/> OTHER (EXPLAIN)			

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK: _____	<b>WHY DID YOU LEAVE?</b>		
<input type="checkbox"/> PAID	<input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> RETIRED <input type="checkbox"/> PROMOTED <input type="checkbox"/> OTHER (EXPLAIN IN DETAIL)		
<input type="checkbox"/> VOLUNTEER	<b>DUTIES:</b>		
<input type="checkbox"/> INTERNSHIP			
<input type="checkbox"/> OTHER (EXPLAIN)			

**Part III**

List below references beginning with the latest job. Contact information must include the place of employment, name of your supervisor, phone number, and email address.

1. Place of Employment \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

2. Place of Employment \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

3. Place of Employment \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

4. Place of Employment \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**FAILURE TO SIGN APPLICATION WILL RESULT IN DISAPPROVAL**

I affirm that the statements made on this application (including any attachments) are true. I authorize the Catholic Church, to obtain from all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies any records, documents, and other information relative to my suitability to perform the duties of the position and further release all parties supplying said information from all liability and responsibility arising from their supplying said information. Failure to meet the standards of the background investigation may result in disqualification.

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