



**St. Rose School  
APPLICATION FOR EMPLOYMENT**

NAME	DATE	POSITION APPLIED FOR:
ADDRESS		
TELEPHONE NUMBER:		SOCIAL SECURITY NUMBER
Do you have any relatives working at the Diocese of Yakima? <input type="checkbox"/> No <input type="checkbox"/> Yes      Name _____		IF HIRED, DATE YOU CAN START
Emergency Contact: Name _____ Phone _____		

	What days and hours are you willing to work?	Do you have a valid WA State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate which non-English language(s) you can speak, read and/or write and indicate level of proficiency:		
		Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
ESSENTIAL FUNCTIONS: Can you perform the essential functions of this job with or without reasonable accommodations? If not, which functions would you be unable to perform: _____		

<p><b>EDUCATIONAL HISTORY</b></p> <p>List school name and location, years completed, course of study, and any degrees earned. Official transcripts will be required for some positions.</p> <p>High School: _____</p> <p>College: _____</p> <p>Post Graduate: _____</p> <p>Technical Training: _____</p> <p>List certificates or licenses you hold, or specialized training you have completed, which may be required or help qualify you for employment: _____</p> <p>_____</p> <p>_____</p>
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<p><b>REFERENCES:</b> List 3 professional or work-related references names, telephone numbers, and years known (do not include relatives):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

<b>EMPLOYMENT HISTORY</b>		
List all periods of employment for the last ten years, beginning with most recent or current. Explain gaps or periods of unemployment of more than 30 days.		
EMPLOYER	DATES OF SERVICE:	
ADDRESS	FROM:	TO:
HOW MANY DAYS WERE YOU ABSENT LAST YEAR? (Do not count vacation, holidays or FMLA) _____		
JOB TITLE	HOURLY RATE/SALARY:	
REASON FOR LEAVING OR PLANNING TO LEAVE	STARTING:	FINAL:
SUPERVISOR NAME & TELEPHONE NUMBER		

EMPLOYER	DATES OF SERVICE:	
ADDRESS	FROM:	TO:
HOW MANY DAYS WERE YOU ABSENT LAST YEAR? (Do not count vacation, holidays or FMLA) _____		
JOB TITLE	HOURLY RATE/SALARY:	
REASON FOR LEAVING OR PLANNING TO LEAVE	STARTING:	FINAL:
SUPERVISOR NAME & TELEPHONE NUMBER		

I hereby authorize a prospective employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, education institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment. We are an "at will" employer and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

I also understand that I must submit to a criminal background check and that employment is conditional based on receipt of a satisfactory report.

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