

APPLICATION FOR EMPLOYMENT

Name _____

Date _____

Positions Applied for _____

SAINT JOSEPH'S CATHOLIC SCHOOL
901 W. 4TH AVENUE
KENNEWICK, WA 99336
PHONE (509) 586-0481 • FAX (509) 585-9781

Date
Received

PERSONAL

Name: Last		First	MI
Address: Street		City	State Zip
Home Telephone:		Message or Work Telephone:	
Social Security No.:			

POSITIONS APPLIED FOR

Indicate positions applied for and specialty, if applicable

1.	Date Available	Salary Range Desired
2.	Hours Available: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Are you able to perform the duties of the job for which you are applying, on a regular basis, with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No		

GENERAL INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you provide proof that you are a U.S. citizen or legally authorized to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted or released from prison for an offense involving drugs, narcotics, dishonesty, theft, inflicting bodily harm, or a felony? (A "yes" answer to this question will not necessarily bar employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Job Fair <input type="checkbox"/> Job Posting <input type="checkbox"/> Friend <input type="checkbox"/> Employee Referral (Name of Employee) _____ <input type="checkbox"/> Other _____
May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL LICENSURES/CERTIFICATIONS

Professional License/Certification	State Issued	Exp. Date	License No.	Current Restrictions on Professional License
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

Schools and Addresses *	Dates Attended	Name Enrolled Under	Major Field	Diploma / Degree
High School			Last Year Completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Location				
College				
Location				
Professional School				
Location				
Graduate School				
Location				

* Please use another page to supplement the application, if necessary

EMPLOYMENT HISTORY

This Section must be completed even if supplemented by a resume. List all employment for the past 7 years, beginning with most recent employment. Use another page to supplement the application if necessary. Explain all lapses in employment on back page.

Employer (current/recent)	Dates of Employment From / To /	Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	Name Employed Under
Employer Address	City	State	Zip	Hours per week
Name of Supervisor	Title of Supervisor		Phone ()	
Your Job Title	Reason for Leaving			
Your Duties and Responsibilities:				

Employer (current/recent)	Dates of Employment From / To /	Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	Name Employed Under
Employer Address	City	State	Zip	Hours per week
Name of Supervisor	Title of Supervisor		Phone ()	
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Name of Supervisor	Title of Supervisor		Phone ()	
Your Job Title	Reason for Leaving			
Your Duties and Responsibilities:				

Saint Joseph's Catholic School

Please Read the Following Before Signing the Application

I authorize Saint Joseph's Catholic School to solicit information regarding my character, general reputation, credit, previous employment, any criminal history and similar background information through any investigative or credit agencies of its choice, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages or any reason arising out of the furnishing of such information. If employed, I release Saint Joseph's Catholic School from any liability for future references it may provide regarding my work history.

Employment is contingent upon satisfactory completion of a Criminal Disclosure Statement pursuant to RCW 43.43.830 (see attached), satisfactory references, validity and accuracy of work experience and qualifications, and a negative drug screen.

Applicant's Signature

Date

Rev 3/03

PURSUANT TO THE REQUIREMENTS OF RCW 43.43.830.840, WE MUST ASK YOU TO COMPLETE THE FOLLOWING DISCLOSURE STATEMENT. THIS INFORMATION WILL BE KEPT CONFIDENTIAL

Have you ever been convicted of any of the following crimes against persons:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Murder	<input type="checkbox"/>	<input type="checkbox"/>	First Degree Burglary
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Murder	<input type="checkbox"/>	<input type="checkbox"/>	Indecent Liberties
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Assault	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular Homicide
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape of a Child	<input type="checkbox"/>	<input type="checkbox"/>	Simple Assault
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Minors
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Custodial Interference
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Malicious Harassment
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Criminal Mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Child Molestation
<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse or Neglect as Defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Sexual Misconduct with a Minor
<input type="checkbox"/>	<input type="checkbox"/>	Selling or Distributing Erotic Material to a Minor	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Juvenile Prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Assault	<input type="checkbox"/>	<input type="checkbox"/>	Child Abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Child Buying or Selling	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Pornography
<input type="checkbox"/>	<input type="checkbox"/>	First Degree Promoting Prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	<input type="checkbox"/>	Communications with a Minor	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First Degree Arson	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed

If your answer is “yes” to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

(Continued)

1. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes No
2. Have you ever been found by a court in a domestic relation proceeding to have physically abused or exploited any minor or to have physically abused any minor? Yes No
3. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person? Yes No
4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital? Yes No
5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital? Yes No

If your answer is "yes" to any of questions 1 through 5 above, please describe and provide the date(s) of the finding(s) and penalty(ies) imposed. * Use additional pages as necessary.

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudication of child abuse, and disciplinary board final decisions. If you are hired before that report is available, **YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.**

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature _____

Name (Print) _____

Date _____