## CATHOLIC CHARITIES OF NORTHERN NEVADA

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRI					
Position Appli	ed For		Date		
Advertisen	Learn About U ment ent Agency	Friend	Walk-In Other		
Last Name		First Name	M	liddle Name	
Address	Street	City	State	Zip Code	
Telephone Nu	mber	S	ocial Security Number		
Are you under	· 18 years of age	?		Yes	No
-		pplication with us before?		Yes	No
-		with us before?		Yes	No
Are you curren	ntly employed?			Yes	No
country because	se of Visa or Im	ally becoming employed in migration Status? gration status will be required.		Yes	No
On what date	will you be avai	lable for work?			
Are you availa	able to work:	Full TimeP	art Time Tempora	ry	
Are you curren	ntly on "Lay-off	" status and subject to reca	111?	Yes	No
Can you travel	l if a job require	s it?		Yes	_No
•	ent or a fine of o	· —	the last 5 years of a misde will not necessarily disqual		.)
•		Oriver's License? License Number		Yes	No

EDUCATION	Elementary	High School	College/	Graduate/
School Name			University	Professional
Location				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1234
Diploma/Degree				_
Course of Study				
Describe any specialized tr	raining, apprenticeship, skill	s and extra-curric	cular activities.	
Describe any honors you h	ave received.			
State any additional inform	nation you feel may be helpf	ul to us in consid	lering your appl	lication.
Indicate any foreign langua	ages you can speak, read and	d / or write.		
	Fluen		Fair	
Speak				_
ReadWrite				_
	siness or civic activities and ich indicate sex, race, religion		n, age, ancestry	, handicap or other
List any job-related training	g in the United States milita	ry		
<b>REFERENCES</b> Provide names, addresses a previous employers.	and telephone numbers of th	ree references w	no are not relate	ed to you and are not
Name 1.	Address		Telephone N	umber
2				
3.				

**EMPLOYMENT EXPERIENCE** (Use additional sheets if necessary)
Provide the following information of your past/current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in the "Comments" section below.

Employer	<b>Dates Employed</b> From To	Work Performed
Address		
Telephone Number		
Job Title	Salary Starting Final	
Reason for Leaving	Starting Tinai	
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number		
Job Title	Salary Starting Final	
Reason for Leaving		
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number		
Job Title	Salary Starting Final	
Reason for Leaving	Starting Time	
Employer	<b>Dates Employed</b> From To	Work Performed
Address		
Telephone Number		
Job Title	Salary Starting Final	
Reason for Leaving	Starting Tinai	
May we contact the Employers	s listed above?	YesNo
Comments:		

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I give Catholic Charities of Northern Nevada the right to check with former employers and to secure any additional information from any source as necessary, including a criminal record history check as a final screening step in the pre-employment process (or for promotion).

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant		Date		
In Case of an Emergency, Noti:	fy:			
Name	Address	Telephone Number		
1				
2				
F	OR PERSONNEL DEPARTI	**************************************		
Arrange InterviewYe	sNo			
Remarks				
Interviewer		Date		
micr riewoi				
EmployedYe	sNo Date of Em	ployment		
Ioh Title	Hourly Rate/Salary	Department		