St. James Congregation
APPLICATION FOR EMPLOYMENT

Parish/School Name: St. James Congregation
Address/City/Zipcode: W220 N6588 Townline Road ~ Menomonee Falls, WI 53051
Phone: 262-253-2259 **~~ Fax:** 262-250-2679 **~~ Email Address: tweber@stjames-parish.com**

Please print clearly.

PERSONAL			
Last Name	**First Name**	**Middle Name**	**Date**

Street Address	**Home Phone ( )**
City/State/Zip Code	**Business Phone ( )**
Have you ever applied for employment with us? ☐Yes ☐No **If yes, under what name?**_____ **If yes, month and year: Location**	**Social Security #**
Position Desired	**Pay Expected**
Are you seeking: ☐Full-Time ☐Part-Time **If part-time, what hours can you work?** _____	**Will you work overtime if asked? ☐Yes ☐No**
Are you legally eligible for employment in the United States? **☐Yes ☐No ☐Not Sure** **(If offered employment, you will be asked to provide documentation to verify eligibility.)**	**When will you be able to begin work?**
Other special training or skills (languages, machine operation, etc.)	
How did you learn of this position?	

EDUCATION					
SCHOOL	**NAME AND LOCATION OF SCHOOL**	**COURSE OF STUDY**	**NO. OF YEARS COMPLETED**	**DID YOU GRADUATE?**	**DEGREE OR DIPLOMA**
High School					
College (Under-Graduate)					
College (Graduate)					
Technical Training Or Other					

Have you ever had any job related experience in the U.S. Military or other service organization (e.g. Peace Corps, community organizations, etc)?
☐Yes ☐No If yes, please describe:_____
_____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

EMPLOYMENT: List below all present and past employment, beginning with your most recent.
(Do not omit any employers and explain gaps in employment.)

EMPLOYER	TYPE OF BUSINESS
Name:_____	
Address:_____	**DESCRIBE THE WORK YOU DID**
City/State/Zipcode:_____	
Telephone: ( ) **Supervisor:**	

START DATE	DATE LEFT	REASON FOR LEAVING
STARTING SALARY	**LAST SALARY**	

EMPLOYER	TYPE OF BUSINESS
Name:_____	
Address:_____	**DESCRIBE THE WORK YOU DID**
City/State/Zipcode:_____	
Telephone: ( ) **Supervisor:**	

START DATE	DATE LEFT	REASON FOR LEAVING
STARTING SALARY	**LAST SALARY**	

EMPLOYER	TYPE OF BUSINESS
Name:_____	
Address:_____	**DESCRIBE THE WORK YOU DID**
City/State/Zipcode:_____	
Telephone: ( ) **Supervisor:**	

START DATE	DATE LEFT	REASON FOR LEAVING
STARTING SALARY	**LAST SALARY**	

Explain employment gaps:_____

_____

May we contact the employers listed above?_____ **If not, indicate by NO which one(s) you do not wish us to contact.**

Have you ever been convicted of, or pled guilty or nolo contendere to, an offense, (including felony, misdemeanor or municipal ordinance), or are you now subject to a pending criminal charge? □Yes □No If yes, describe in detail.
(Convictions or pending charges will be considered in the hiring process only to the extent they substantially relate to the circumstances of employment sought by the applicant.)

DECLARATION

I hereby declare the information provided by me in the Application for Employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact in this application shall be considered cause for dismissal.

I understand that an investigation may be made of my employment and personal history to arrive at an employment decision. I hereby release from all liability or responsibility, all persons, schools, companies furnishing such information. I understand that only job-related information will be used in the evaluation of my qualification for any position for which I am considered.

I understand and agree that if hired, the Employer shall have the right during my time of employment or after my termination of service to furnish information to other prospective employers regarding my employment including information contained in this application. I also understand that, if employed, such employment is not binding on either me or the Archdiocese of Milwaukee for any specified period of time, and such employment may be terminated by me or the Employer for any reason at any time.

_____ _____

Date **Signature**