



Application for Employment

Date _____

Our policy is to provide equal employment opportunity to all qualified persons. Please fill out the Application for Employment in its entirety and submit it to the front desk of the organization you are applying or via mail or e-mail in accordance with the job advertisement.

Last Name _____ First Name _____ Middle initial _____

Street Address _____

City _____ State _____ ZIP Code _____

Telephone _____ Social Security # _____

Position applied for _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Education

	School Name and Location	Major / Degree
High School	_____	_____
College	_____	_____
College	_____	_____
Post-College	_____	_____
Other Training	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Military (Complete this section if you served in the U.S. Armed Forces)

Branch of Service _____ Served _____ to _____

Describe any special training _____

Employment History (Start with most recent employer)

Company/Organization Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company/Organization Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company/Organization Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company/Organization Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____
May we contact? Yes No
Responsibilities _____

Reason for leaving _____

Company/Organization Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____
May we contact? Yes No
Responsibilities _____

Reason for leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This organization is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this organization is "at will," which means that either I or this organization can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, has any authority to alter the foregoing.

Name (Please Print) _____

Signature _____ Date _____

Please forward completed application form to:

Office of Human Resources
Diocese of Winona
55 W. Sanborn Street
P.O. Box 588
Winona, MN 55987

or

hr@dow.org
Fax: (507) 454-8106