



347 Rock Street
Marquette, MI 49855

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Present Address: _____

Permanent Address: _____

Phone No. _____ Social Security No.: _____

If related to anyone in our employ,
Please give name and office: _____

Referred by: _____

EMPLOYMENT DESIRED:

Position: _____ Salary Desired: _____ Date you can start: _____

What experience have you had in this type of work?

Are you presently employed? _____ May we inquire of your present employer? _____

Person to contact: _____ Phone: _____

Have you ever been convicted of a crime? _____

Are there any criminal charges pending against you? _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Address: _____

Phone: _____

EDUCATION:

Name and Location

Years Attended

Elementary School: _____

High School: _____

College: _____

Graduate: _____

Post-Graduate: _____

Special Certifications: _____

FORMER EMPLOYERS: (Use an additional page if necessary)

Name and Address	Salary	Position	Reason for Leaving
1. _____	_____	_____	_____
_____	_____	_____	_____

Length of Employment: (Date – Month & Year) From: _____ to _____

2. _____

Length of Employment: (Date – Month & Year) From: _____ to _____

REFERENCES: (Give the names of three people, not relatives, who have known you at least one year.)

Name and Address:

Business/Occupation:

Phone:

1. _____

2. _____

3. _____

I agree to conform to the rules and regulations of Catholic Social Services, and I understand that my employment and compensation can be terminated, with or without cause and with or without notice at any time, at the option of either employer or me. Should my employment require a written and signed employment contract, I understand that just cause is not a necessary basis for non-renewal of a contract of employment, since employer and employee have a right to decline renewal of a contract of employment for any reason or no reason. I understand that no agent or employee or employer has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to this. I attest by signing this application, the information completed on the application is true and factual.

Dated: _____ Signature: _____