

Parish-School in the Diocese of Toledo Non-Teaching Staff Application for Employment

The Parish-School is an equal opportunity employer.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the school Principal.

reasonable accommodation	on to the applicati	on and/c	or intervie	ew process shou	ıld no	tify the school Prin	cipal		
First Name		M	I	Last Name	me				
Have you worked or earned a degree under			Yes	Other names	in wh	ich records might b	e rec	corded?	
another name?			No						
Street Address		Ap	ot #	City/State/Zip	City/State/Zip				
Email Address			Primary Telephone Number			er Cell/Other Telephone Number			
Today's Date Available F			or Work Desired Salary/Hourly Rate of Pay						
Position(s) Applied For	·			Name of Paris	sh-Scl	nool			
		Type of E	mployme	ent Desired					
☐ Full-Time	☐ Part-Time		☐ Temporary			Educational Co-Op		Seasonal	
Will you relocate if the jol	requires it?					Yes		No	
Will you travel if the job r	equires it?					Yes		No	
Will you work overtime if required?					Yes		No		
Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work within the Diocese of Toledo?						Yes		No	
If you are under 18, and it is required, can you furnish a work permit?						Yes		No	
If no , please explain:									
Have you ever been empl	oyed within the Di	ocese of	Toledo?			Yes		No	
If yes, please complete the following information (attach an additional sheet of paper if necessary):									
Name of Parish-School: Position(s) Held:				Dates of Employment (Month/Year):					
Name of Parish-School: Position(s) Held:				Dates of Employment (Month/Year):					
Are you legally eligible for employment in this country?					Yes				
				□ No					
Are you able to perform the "essential functions" of the job for which you						Yes			
are applying (with or without reasonable accommodation)?					No				
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular					☐ Need more information about "essential functions" in order to				
accommodation, or whether accommodation is necessary. These issues may be						in c	order to		
addressed at a later stage to the extent permitted by the law.						respond.			
If they have been explained to you, are you able to meet the "attendanc				"attendance"		Yes			
requirements of the position?				□ No					
				☐ Attendance requirements haven't					
						been explained to n	ıe.		

Computer Skills (please check all that apply)											
☐ Typing Skills		(picase check all that apply)					WPM:				
☐ Word Process	sing	Software:				Years of Experience:					
☐ Spreadsheet		Software:			Years of Experience:						
☐ Presentation		Software	::					Years of Experience:			
☐ Email		Software	::					Years of Experience:			
☐ Other		Software	::					Years of Expe	rience:		
☐ Other		Software	: :					Years of Experience:			
☐ Other		Software						Years of Experience:			
						nal Background					
High Cabaal			Addr		list	t chronologically)			Vo		Carrelated
High School			Addr						Tea	ars	Completed
Degree(s) Obtained	☐ Dip	oloma			6.E.I	D.		Other:			
College/University			Addr	ess					Yea	ars	Completed
Degree(s) Obtained	☐ Ass	sociates	I	□ В	Bach	nelors		Masters		□ Doctoral	
	☐ Cei	Certificate:				Other:					
Major				Mino	r						GPA:
College/University			Addr	ess					Yea	ars	Completed
Degree(s) Obtained	☐ Ass	ociates				Masters			□ Doctoral		
	☐ Cei	rtificate:	tificate:				Other:				
Major						Minor					GPA:
College/University			Addr	ess					Yea	ars	Completed
Degree(s) Obtained	☐ Ass	sociates		□ в	Bach	nelors		Masters			□ Doctoral
		rtificate:						Other:			
	L Cei	i tilicate.					Ш	Other.		1	
Major:						Minor:					GPA:
Employment History (Please list chronologically)											
Employer Name				Addı							
Primary Telephone Number Employment Months (Date/Year)			Hourly \$ Salary \$			per hour annually					
Title of Position		Supervise	or's Na	me				y we contact fo	r refere	nce	•
								Yes 🗆	No		☐ Later
Reason for leaving (At	tach additio	onal sheet if n	ecessary)):							

Employer Name		Address					
Primary Telephone Number	onths (Date/Year)		Hourly Salary	\$ \$	per h annu		
Title of Position	me	May we contact for refere			erence?	ence?	
Reason for leaving (Attach additi	onal sheet if necessary):		Yes	□ No	ι	.ater
Employer Name		Address					
Primary Telephone Number	Employment M	nths (Date/Year)				per h annu	
Title of Position	Supervisor's Na	me	Ma		ntact for ref	erence?	r
Reason for leaving (Attach addition	onal sheet if necessary)	:					
Employer Name		Address					
Primary Telephone Number	Employment M	onths (Date/Year)		Hourly Salary	\$ \$	per h annu	
Title of Position	me	May we contact for reference?					
Reason for leaving (Attach additional sheet if necessary):							
Skills and Qualifications							
List any additional information, including education, work, significant volunteer experiences or qualifications that may assist you in performing the position for which you are applying (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.)							
Personal Data (Attach an additional sheet if necessary)							
Have you ever been suspende explain:				sition? If	yes, please	□ Yes	

Have you entered into an agreement with an noncompetition agreement) that might, in a within the Diocese of Toledo? If yes, please of Toledo?	iny way, restrict your ability to work for a Fexplain:	Parish-School	☐ Yes☐ No			
Answering "yes" to the following question does not co seriousness and nature of the violation, rehabilitation						
Have you ever pleaded "guilty" or "no conte			□ Yes			
traffic offense? If yes, please provide date(s)			□ No			
Do you presently serve, or have served, as a volunteer for any organization, entity or group in which you had substantial contact with children or vulnerable populations (such as elderly, mentally or emotionally disabled, etc.)? If yes, please provide the name and phone number of the organization, period of volunteer service, supervisor's name and briefly describe your activities and/or duties.						
Professional References- List names and telephon hand knowledge of your professional ability to succeed	ne numbers of three business/work references who a	re not related to you	, and have first-			
Name	Title	Telephone				
Work Relationship To You Email Number of Year						
Name Title Telephone						
Work Relationship To You Email Number of Year						
Name	Title	Telephone				
Work Relationship To You	Email	Number of Year	s Known			

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify that accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations for furnishing such information about me.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that this application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Diocesan Superintendent.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

I understand that this employer does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting, eliminating or excluding an applicant from consideration for employment because of any protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.					
Signature of Applicant:	Date:				
Please Enclose:					
 An official transcript of your college credits/degree and a copy of all certificates, if applicable. Please mail your application, along with all required documents to: 					

You may also email your application, along with all required documents to: