



Catholic Charities CYO

Application For Employment

Catholic Charities CYO

180 Howard St., Suite 100

San Francisco, CA 94105

(415) 972-1200 * FAX (415) 972-1201

Catholic Charities CYO is an equal opportunity employer. We strive to hire individuals as diverse as the clients we serve. All applicants will be given consideration for employment without regard to race, religion, gender, age, national origin, color, ancestry, sexual orientation, physical or mental disability. Please take the time to complete the reverse side of the attachment. All information provided in this Application For Employment will be considered confidential.

Please Print Legibly and Complete Entire Form

Date: _____ Position _____ Location: _____
 Type of Employment Desired: Full-time Part-time Seasonal or Temporary On-Call
 Availability: Days Evenings Graveyard Weekends Other _____

Personal Information

Last	First Name	M.I.	Social Security Number
Street	Cit	Stat	Zip
Home Phone Number			

Were you previously employed with Catholic Charities or CYO? Yes No Where? _____ When? _____

Can you furnish, upon employment, documentation to verify your right to work in the United States? Yes No

Have you been told the essential job functions or seen the Job Description for this position? Yes No

Can you perform the essential job functions with or without reasonable accommodations? Yes No

Have you ever been convicted of a crime? (felony or misdemeanor) Yes No

If yes, please attach a detailed explanation to this application.

** Note: A criminal record may not, by itself, bar a person from employment consideration.

Employment Experience: List jobs, paid or non-paid, starting with your most recent job

Company Name, Address & Phone Number:	Dates Employed Month & Year	Rate of Pay	Position Held
	From:	Start:	Title:
	To:	Final:	Duties:

Reason for Leaving: _____ Supervisor's Name & Phone Number: _____

Company Name, Address & Phone Number:	Dates Employed Month & Year	Rate of Pay	Position Held
	From:	Start:	Title:
	To:	Final:	Duties:

Reason for Leaving: _____ Supervisor's Name & Phone Number: _____

Company Name, Address & Phone Number:	Dates Employed Month & Year	Rate of Pay	Position Held
	From:	Start:	Title:
	To:	Final:	Duties:

Reason for Leaving: _____ Supervisor's Name & Phone Number: _____

References: Please list the names, titles, mailing addresses and telephone numbers of three former supervisors who are familiar with your work performance.

May we contact your present employer to verify your current employment? Yes No

Supervisor's Name: _____ Supervisor's Phone #: _____

1. Name: _____ Title: _____

Address: _____ Phone Number: _____

2. Name: _____ Title: _____

Address: _____ Phone Number: _____

3. Name: _____ Title: _____

Address: _____ Phone Number: _____

Education And Training --- Please complete all appropriate items

Type of School	Name & Location of School	Major/Minor/Degree/Certificate	Graduated (Yes/No)
High School (Last Attended)			
Vocational/Technical or Community College			
College and/or University			
Post-Graduate Studies			

Academic Achievements And Professional Licenses: Please list academic achievements and professional licenses you consider significant and job related. You may exclude all information indicative of age, sex, race, religion, color, national origin, and disability:

Please read the following statements carefully; they constitute the conditions under which you may be employed by Catholic Charities CYO.

* I understand that Catholic Charities CYO is a Roman Catholic Organization committed to providing programs and services to clients of all faiths, cultures and creed within the framework of Catholic Principles and social teachings.

* I understand, should I enter into an employment relationship with Catholic Charities CYO, I am free to conclude that relationship *at will* (except for Employees covered by the Collective Bargaining Agreement), at any time, and for any reason. Similarly, Catholic Charities CYO may terminate my employment *at will* (except for Employees covered by the Collective Bargaining Agreement), at any time, and for any reason. I understand that no manager or any other representative of Catholic Charities CYO has the authority to enter into written employment agreement with me. Nothing in this application, verbal statements, written policies or practices of Catholic Charities CYO, shall be construed to create any contract of employment other than an *at will* relationship (except for Employees covered by the Collective Bargaining Agreement).

* I understand and agree that all offers of employment are contingent upon satisfactory proof that I have the legal right to work in the United States.

* I understand that my prior employers, educational institutions and other references listed on this application are authorized to give Catholic Charities CYO any and all information they may have pertinent to my application for employment. I authorize investigation of all statements contained in this application and any supporting documents. I authorize Catholic Charities CYO to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience. I hereby release all parties from any liability arising from such investigation. I specifically authorize investigation of my DMV record, criminal record, and that my Social Security Number matches my stated name.

* I understand and agree that, should I enter into employment with Catholic Charities CYO, the department for which I am applying may require me to:

- 1) Adhere to state licensing requirements which include but are not limited to: a negative result for TB, health screening and a criminal record clearance (including fingerprints and child abuse index).
- 2) Submit fingerprints for a criminal record clearance if my position will place me in direct, unsupervised contact with clients.
- 3) Possess and maintain a valid California Driver's License if my position requires me to drive in the course of performing my work duties.
- 4) Undertake a drug screening, and my employment is contingent on a negative result.

I certify that the information provided on this Application For Employment is accurate to the best of my knowledge. I understand that any misrepresentation or deliberate omission of facts on this application may constitute grounds for dismissal.

Signature: _____ Date: _____



AFFIRMATIVE ACTION INFORMATION FORM

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action Reporting.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the information below.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

All prospective employees must be fingerprinted prior to starting employment with Catholic Charities CYO.

Gender	Disabled	Veteran Status
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

RACE/ETHNIC GROUP

- White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native American (American Indian) or Alaskan Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino) - All persons who identify with more than one of the above races.

Self Identification if Two or More Races: _____

Date of Application: _____

Position Applied For: _____

How did you hear about this position? _____

Thank you for completing this form