



Cathedral Academy

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, or national origin.

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name

Last First Middle

Present Address

Street City State Zip

Permanent Address

Street City State Zip

Phone No.

Email Address:

Referred by:

Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position

Date you can start:

Salary desired:

Are you currently employed? Yes No

If so, may we inquire of your present employer? Yes No

Have you applied to Cathedral of Praise before? Yes No

EDUCATION	Name and Location of School	Circle last year completed	Did you graduate	Subjects studies and degree(s) earned
Grammar School	_____		<input type="checkbox"/> Yes	
	_____		<input type="checkbox"/> No	
High School	_____	1 2 3 4	<input type="checkbox"/> Yes	
	_____		<input type="checkbox"/> No	
College Special Training	_____	1 2 3 4	<input type="checkbox"/> Yes	
	_____		<input type="checkbox"/> No	
Trade, Business or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes	
	_____		<input type="checkbox"/> No	

GENERAL

Subjects of special study or research work

Job related skills (i.e. computer, driver's license, etc.)

Activities (civic, athletic, hobbies, etc.)

*Exclude organizations, of which the name indicates the race, sex, color, or national origin of its members.

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary <i>(upon leaving)</i>	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1.			
2.			
3.			

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that the misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without cause and without previous notice.

Date

Signature

In Case of Emergency Notify:

Name

Address

Phone Number(s)

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Interviewed:

Date:

Remarks

INS Form I-9 Yes No / W-4 Yes No / Doctrinal Statement Yes No / Criminal Record Yes No

Hired

For Dept.

Position

Will Report

Salary/Wages

Approved: 1.

2.

3.

Department Head

Administrator

Executive Pastor