

Holy Family School System Application for Employment

St. Jude Elementary
3700 First Ave NW
Cedar Rapids, IA 52405
(319) 396-7818
(319) 390-0952 Fax

St. Ludmila Elementary
215 21st Ave SW
Cedar Rapids, IA 52404
(319) 362-1943
(319) 364-4149 Fax

LaSalle Middle School
3700 First Ave NW
Cedar Rapids, IA 52405
(319) 396-7792
(319) 390-6527

Position applied for _____ Date of application _____

Identifying Information:

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Numbers: (home) _____ (cell) _____ SS# _____

e-mail address _____

If the position you are applying for requires membership in a Catholic parish or faith community (as indicated in the minimum requirements for the position), please identify your parish/community:

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of employment eligibility will be required upon employment.)

Yes _____ No _____

Have you been convicted of a felony or been released from incarceration for a felony within the last 10 years?

Yes _____ No _____

If yes, please explain: (Please note that an affirmative response to the above question will not necessarily bar you from employment.) _____

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state? (Be sure to include deferred judgments even when the judgment has been discharged).

Yes _____ No _____

If yes, please explain: (Please note that an affirmative response to the above question will not necessarily bar you from employment.) _____

Are you at least 18 years old? Yes _____ No _____

How did you hear of this opening? _____
(list specific newspaper, internet site, etc.)

Education/Skills:

High School _____ Diploma _____ Yes _____ No _____
Address _____ City _____ State _____ Zip Code _____

Undergraduate College _____
Address _____ City _____ State _____ Zip Code _____
Degree Received _____ Major _____ Minor _____

Graduate College _____
Address _____ City _____ State _____ Zip Code _____
Degree Received _____ Major _____ Minor _____

Other (specify)

We are an equal opportunity employer and fully comply with the Americans with Disabilities Act. Accommodations for persons with disabilities will be provided unless the accommodation would place an undue hardship on the employer. Persons needing accommodation should notify the School.

Work Experience:

Please list name, address, and phone number of previous employment, military, or volunteer experience with most recent experience first.

Name of Organization _____ From _____ To _____
Status: _____ Volunteer _____ Full Time paid _____ Part Time paid _____
Current/Ending salary _____
Address _____ City _____ State _____ Zip _____
Telephone Number () - _____
Job Title _____
Duties and responsibilities of position _____
Supervisor _____ May we contact? _____ Yes _____ No _____
Reason for Leaving _____
Name known by (if different than present name) _____

Name of Organization _____ From _____ To _____
Status: _____ Volunteer _____ Full Time paid _____ Part Time paid _____
Current/Ending salary _____
Address _____ City _____ State _____ Zip _____
Telephone Number () - _____
Job Title _____
Duties and responsibilities of position _____
Supervisor _____ May we contact? _____ Yes _____ No _____
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Name of Organization _____ From _____ To _____
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Address _____ City _____ State _____ Zip _____
Telephone Number () - _____
Job Title _____
Duties and responsibilities of position _____
Supervisor _____ May we contact? _____ Yes _____ No _____
Reason for Leaving _____
Name known by (if different than present name) _____

We may contact the employers listed above unless you indicate those you do not want us to contact:

Name of employer(s) _____

Reason: _____

Other:

Describe any specialized training, skills or experience related to the position for which you are applying: _____

Describe Your Computer Skills:

References:

Give name, address and telephone number of three references who are not related to you and are not previous supervisors.

Name: _____ Phone Number: _____ Relationship: _____

1. _____

2. _____

3. _____

4. _____

When would you be available to begin work? _____

All Holy Family Schools are designated NO SMOKING pursuant to the Iowa Smokefree Air Act.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the Application of Employment are true and complete to the best of my knowledge. I have read the entire employment application. I understand that if I am employed, false or misleading statements given on my application or during my interview(s) may result in discharge.

I authorize an investigation of statements in this application to allow the employer to make an employment decision.

Date _____ Applicant's Signature _____