



APPLICATION FOR EMPLOYMENT

Not To Be Used For Driver Positions

A Division of the Archdiocese of Chicago

5150 N. Northwest highway

Chicago, IL 60630-4696

773.385.5100 (phone)

773.385.5052 (fax)

PLEASE PRINT IN INK

Last Name		First Name		Middle Initial
Address		City	State	Zip Code
Home Phone	Work Phone	Cell Phone		Social Security No

GENERAL INFORMATION

Are you over 18 years of age? Yes No

Are you legally eligible for employment in the United States? Yes No

Have you ever been convicted of a crime? Yes No
 If yes, describe circumstances in detail: _____

Are there any hours, shifts or days you cannot or will not work? Yes No
 If yes, explain: _____

Are you applying for Full Time or Part Time employment?

Are you willing to work overtime as required? Yes No

What position(s) are you applying for? 1) _____ 2) _____

When can you start? _____

What is your salary expectation? _____ Per _____

Have you ever worked for FSP in the past? Yes No
 If yes, provide dates of employment and position held: _____

Have you ever worked for or volunteered at any Archdiocese of Chicago facility in the past (other than FSP)? Yes No
 If yes, provide dates of employment and position held: _____

Are you currently employed by or volunteer at any Archdiocese of Chicago facility? Yes No
 If yes, provide location, position and dates of employment: _____

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? Yes No

If yes, what branch? _____ Dates of Service: _____

Description of Duties: _____

EMPLOYMENT HISTORY – Start with most recent employer or volunteer activities. If there were times you were not employed or volunteering, include those dates and describe your principal activities.

Employer Name		Telephone Number
Address	City	State
Starting Position	Description of Duties	
Starting Salary	Supervisor's Name	
Ending Position	Description of Duties	
Ending Salary	Supervisor's Name	
Dates of Employment	Reason for Leaving	May we contact this employer?
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer Name		Telephone Number
Address	City	State
Starting Position	Description of Duties	
Starting Salary	Supervisor's Name	
Ending Position	Description of Duties	
Ending Salary	Supervisor's Name	
Dates of Employment	Reason for Leaving	May we contact this employer?
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer Name		Telephone Number
Address	City	State
Starting Position	Description of Duties	
Starting Salary	Supervisor's Name	
Ending Position	Description of Duties	
Ending Salary	Supervisor's Name	
Dates of Employment	Reason for Leaving	May we contact this employer?
		Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATIONAL HISTORY			
School Name	Address of School	Major	Diploma/Degree
High School			
College/University			
Graduate Studies			
Other Training/Education			

PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS			
Type	State/City Issued	Expiration Date	Number

APPLICANT'S CERTIFICATION AND AGREEMENT
<p>I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that false statements or material omissions made as a part of this application will disqualify me from further consideration for employment and, if employed, will be grounds for disciplinary action including dismissal. I also understand that any offer of employment is contingent upon the results of a criminal background check and reference checks (some positions may also require a medical examination and/or drug screen). FSP is hereby authorized to investigate any of the facts set forth in the application.</p> <p>I understand that employment at FSP is "at will" which means that either I or FSP can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of FSP, other than the President, has any authority to alter the foregoing.</p> <p>I hereby authorize the investigation of my past and present work, education, character, military and police conviction records to ascertain any and all information which may be pertinent to my employment qualifications.</p> <p>Signature: _____ Date: _____</p>

EQUAL OPPORTUNITY EMPLOYER STATEMENT
<p>We thank you for completing this Application for Employment.</p> <p>FSP, an agency of the Archdiocese of Chicago, complies with all laws concerning nondiscrimination in employment. FSP considers each applicant for employment on the basis of merit, qualifications, experience, and other work-related criteria without regard for race, religion, color, creed, gender, age, national origin, ancestry, disability, political affiliation, citizenship status, sexual orientation, marital status, veteran status, unfavorable discharge from military service, arrest record or mental or physical disabilities not affecting one's ability to perform the essential functions of one's job. It is our policy to offer reasonable accommodations for the special needs of otherwise qualified disabled individuals.</p> <p>Please note that acceptance of this form does not constitute a contract of employment nor is it a commitment to the applicant.</p>