

EDUCATION

EDUCATION	NAME OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			

DO YOU HAVE ANY ADDITIONAL TRAINING AND/OR CERTIFICATIONS THAT SHOULD BE CONSIDERED?

DO YOU HAVE ____ ADULT CPR ____ FIRST AID ____ MEDICATION CERTIFICATION

EMPLOYMNET

FORMER EMPLOYERS	NAME	ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM					RESIGNATION ____ LAY OFF ____ TERMINATION ____ EXPLAIN:
TO					
FROM					RESIGNATION ____ LAY OFF ____ TERMINATION ____ EXPLAIN:
TO					
FROM					RESIGNATION ____ LAY OFF ____ TERMINATION ____ EXPLAIN:
TO					

WHICH JOB DID YOU LIKE THE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

WERE YOU EVER DISCHARGED BY ANY COMPANY? YES OR NO IF YES, GIVE NAME OF COMPANY (IES) _____

REASON FOR DISCHARGE: _____

U.S. MILITARY SERVICE

BRANCH OF SERVICE	TECHNICAL SPECIALIZATION	RANK ATTAINED

REFERENCES

REFERENCES: GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.
REFERENCES: TWO REFERENCES HAVE TO BE BUSINESS REFERENCES. ONE SHOULD BE A PERSONAL REFERENCE.

NAME	RELATIONSHIP	ADDRESS AND PHONE #	CITY	STATE	ZIP CODE

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ PHONE#: _____ RELATIONSHIP: _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSION OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE AGENCY'S RULES AND REGULATIONS. I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANYTIME AT EITHER MY OR THE AGENCY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE AGENCY. I UNDERSTAND THAT NO AGENCY REPRESENTATIVE, OTHER THAN THE EXECUTIVE DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE EXECUTIVE DIRECTOR HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR SPECIFIC PERIOD OF TIME, OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE: _____ DATE: _____

11/4/09

**CATHOLIC RESIDENTIAL SERVICES
PERSONAL INFORMATION RELEASE FORM**

Name: _____

Address: _____

Social Security #: _____

Date of Birth: _____

Drivers License #: _____

Sex: Male Female

The purpose for obtaining DOB is limited to means of identification in conducting a background screening, that the information will remain confidential, and that Catholic Residential Services recognizes and abides by the Age Discrimination in Employment Act (ADEA) and all state and local EEOC laws.

1. I, the undersigned, authorize Hamilton County Sheriff and Ohio Bureau of Motor Vehicles (or your county\state of residence, if other than Hamilton County or State of Ohio, _____) to release any information regarding any Traffic or Criminal convictions on file. If it is necessary to verify this Authorization, I can be reached at telephone number_____. This Authorization is void if not exercised by the person or organization named below within one year from the date signed. I hereby agree to indemnify Hamilton County Sheriff and Ohio Bureau of Motor Vehicles (or your county\state of residence) and its representatives for any liability arising out of improper use of the information provided.

Signature: _____

Date: _____

2. I, the undersigned, give permission to Catholic Residential Services to check my Traffic Record and Criminal Background on a continuing basis, while employed by Catholic Residential Services.

Signature: _____

Date: _____

EDUCATION VERIFICATION

High School Diploma: yes no

GED: yes no

School that you graduated from or obtained your GED.

School Name: _____

Attended: From: _____ To: _____
 MM YY MM YY

City _____ State _____

CERTIFICATION OF PURPOSE

I, the undersigned, certify that the information applied for will be used only for the purpose it is requested and agree that this information will not be released outside Catholic Residential Services.

Type of Record

- Ohio BCII
- FBI
- Ohio Driver's Abstract
- State of Ohio Abuse Registry
- State of Ohio Nurse's Registry

I hereby permit Hamilton County Sheriff, Ohio Bureau of Motor Vehicles (or your county\state of residence) and OPEN to forward my record to the agency listed below:

CATHOLIC RESIDENTIAL SERVICES

**100 EAST EIGHTH STREET
CINCINNATI, OHIO 45202**

ATTENTION: Terri Saylor

Signature: _____

Date: _____

03/12/09

AFFIRMATIVE ACTION DATA

PURSUANT TO FEDERAL REGULATIONS, CATHOLIC RESIDENTIAL SERVICES COLLECTS RESPONSES TO THE QUESTIONS BELOW TO ENSURE FAIR TREATMENT FOR ALL APPLICANTS. THIS INFORMATION WILL NOT BE KEPT WITH YOUR APPLICATION FOR EMPLOYMENT. ANY INFORMATION VOLUNTEERED WILL BE KEPT CONFIDENTIAL AND WILL NOT BE USED TO MAKE HIRING DECISIONS. YOU ALSO DO NOT HAVE TO COMPLETE THIS FORM TO BE CONSIDERED FOR EMPLOYMENT.

DATE _____

FULL NAME _____

SEX (CHECK APPROPRIATE BOX) FEMALE MALE

POSITION APPLIED FOR _____

CHECK THE BOX FOR THE RACIAL OR ETHNIC GROUP WITH WHICH YOU IDENTIFY:

- HISPANIC/LATINO: INCLUDES PERSONS OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN OR OTHER SPANISH ORIGIN OR CULTURE
- WHITE/CAUCASIAN: INCLUDES PERSONS HAVING ORIGINS IN THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA, THE MIDDLE EAST, OR SOUTHWEST ASIA
- AFRICAN AMERICAN/BLACK: INCLUDES PERSONS HAVING ORIGIN IN THE JAMAICAN, BAHAMIANS AND OTHER CARIBBEANS OF AFRICA
- AMERICAN INDIAN/ALASKA NATIVE: PERSONS HAVING ORIGINS IN THE ORIGINAL PEOPLES OF NORTH AMERICA WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY RECOGNITION
- ASIAN/PACIFIC ISLANDER: PERSONS HAVING ORIGINS IN THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUBCONTINENT, OR THE PACIFIC ISLANDS INCLUDING CHINA, JAPAN, KOREA, THE PHILIPPINE ISLANDS, AND SAMOA

IF YOU ARE A VETERAN, PLEASE SUPPLY THE FOLLOWING INFORMATION:

VETERAN DATES OF SERVICE: _____

DISABLED VETERAN DATES OF SERVICE: _____

VIETNAM – ERA VETERAN DATES OF SERVICE: _____

DISABILITY

DO YOU MEET THE FOLLOWING DISABILITY DEFINITION? YES NO
A DISABILITY IS A PERMANENT PHYSICAL, MENTAL OR SENSORY CONDITION. THE DISABILITY MUST BE SUBSTANTIAL RATHER THAN SLIGHT, AND PERMANENT IN THAT IT IS SELDOM FULLY CORRECTED BY MEDICAL REPLACEMENT, THERAPY, OR SURGICAL MEANS. THIS CONFIDENTIAL INFORMATION IS SOLICITED AND MAINTAINED FOR AFFIRMATIVE ACTION PURPOSES ONLY. IT SHOULD NOT BE CONSTRUED AND WILL NOT BE CONSIDERED AS A REQUEST FOR ACCOMMODATION.