

MATER DOLOROSA PASSIONIST RETREAT CENTER

EMPLOYMENT APPLICATION

Mater Dolorosa Passionist Retreat Center (MDPRC) recruits, hires and promotes on the basis of merit, competence and qualifications, without being influenced by race, color, national origin, ancestry, disability, medical condition, biological sex, age, pregnancy, or veteran status. MDPRC reserves the right to not hire any applicant, the right to withdraw, suspend or cancel its employment proposal, the right to be the sole judge of merit, competence and qualifications, and the right to favor Catholic applicants in all employment decisions based on its religious beliefs, practices and needs. No representations or promises of employment are intended by this Application.

Please Print or Type

| | | | | |
|---|---|--|--|---|
| P E R S O N A L D A T A | Last Name _____ First _____ Middle _____ | | | Date _____ |
| | Street Address _____ | | | Home Phone _____ |
| | City _____ State _____ | | Zip Code _____ | |
| | Position Desired _____ <input type="checkbox"/> Full-Time | | | Cell Phone _____ |
| | Date Available _____ | | Salary Desired _____ | Able to Work Overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | How did you learn of this opening? _____ | | | |
| | Are you a practicing Roman Catholic? <input type="checkbox"/> YES <input type="checkbox"/> NO | | If "YES", Parish _____ | Location _____ |
| | Have you ever been employed by MDPRC? <input type="checkbox"/> YES <input type="checkbox"/> NO | | If "YES" When _____ | Explanation _____ |
| | Do you have any relatives who currently work for MDPRC? YES NO If yes, please explain below _____ | | | |
| | Name of relative _____ Location _____ Current Role _____ | | | |
| | Name of relative _____ Location _____ Current Role _____ | | | |
| | Are you able to perform the essential functions of the job for which you are applying without accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | If you need an accommodation, what type of accommodation do you require? _____ | | | |
| | If hired, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Are you competent in Microsoft Office software applications, such as Word, Excel and Powerpoint? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| E D U C A T I O N & S K I L S | Type | Name & Location of School | No. Yrs. Attended | Major | Degree |
|---|---|---|-------------------|-------|---|
| | High School | | | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> None |
| | College | | | | |
| | Graduate School | | | | |
| | Professional School or other | | | | |
| | Software Used: _____ | | | | |
| | Other training or skills relevant to the position you are applying for _____ | | | | |
| | Bi-lingual skills? If any, what foreign languages do you: | | | | |
| | Speak _____ Fluent <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner <input type="checkbox"/> | | | | |
| | Read _____ Fluent <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner <input type="checkbox"/> | | | | |
| Write _____ Fluent <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner <input type="checkbox"/> | | | | | |
| Referred By: (Please check applicable box and specify the source) | | | | | |
| <input type="checkbox"/> Internet Site _____ | | <input type="checkbox"/> Employee Referral _____/Location _____ | | | |
| <input type="checkbox"/> Professional Organization _____ | | <input type="checkbox"/> School _____ | | | |
| <input type="checkbox"/> Newspaper _____ | | <input type="checkbox"/> Other _____ | | | |

PLEASE PRINT: All blanks must be completed; "see resume" is not permissible. Complete all areas even if a resume is included with your application. Start with most recent or present employer. Include part time and self-employment. Explain periods of non-employment below.

EMPLOYMENT INFORMATION

| | |
|--|--|
| Company Name | Employed (State Month & Year) From _____ To _____ |
| Address | Telephone _____ |
| Position/Title _____ Supervisor _____ | Salary _____ Start _____ Last _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Describe Your Duties & Responsibilities | Reason for Leaving _____ |
| May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | If "NO", why? _____ |

| | |
|--|--|
| Company Name | Employed (State Month & Year) From _____ To _____ |
| Address | Telephone _____ |
| Position/Title _____ Supervisor _____ | Salary _____ Start _____ Last _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Describe Your Duties & Responsibilities | Reason for Leaving _____ |
| May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | If "NO", why? _____ |

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|--|--|
| Company Name | Employed (State Month & Year) From _____ To _____ |
| Address | Telephone _____ |
| Position/Title _____ Supervisor _____ | Salary _____ Start _____ Last _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Describe Your Duties & Responsibilities | Reason for Leaving _____ |
| May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | If "NO", why? _____ |

| | |
|--|--|
| Company Name | Employed (State Month & Year) From _____ To _____ |
| Address | Telephone _____ |
| Position/Title _____ Supervisor _____ | Salary _____ Start _____ Last _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Describe Your Duties & Responsibilities | Reason for Leaving _____ |
| May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | If "NO", why? _____ |

Please explain periods of unemployment. (From/To)

If you are applying for a position where driving is a requirement of the job, please answer the following questions:
 Do you have a valid driver's license? YES NO License # _____ Issuing State _____ Exp. Date _____
 Do you have a valid auto insurance? YES NO If "NO", why? _____

Please read carefully and initial each statement below before signing:

- _____ *I understand that the Mater Dolorosa Passionist Retreat Center is a Roman Catholic religious organization and that all employees are expected to respect and support the values, teachings and morals of the Church at all times.*
- _____ *I certify that the information presented in this application form is true and complete. I understand that any false statements are sufficient cause for disqualification or, if hired, termination.*
- _____ *I give the MDPRC permission to contact the references and employers listed or provided except where specifically indicated to the contrary.*
- _____ *I understand that MDPRC is exempt from State Unemployment and Disability programs.*
- _____ *I understand that as a condition of employment, I must provide proof of my legal right to work in the United States in accordance with the Immigration Act of 1986.*
- _____ *I understand this employment application is not a contract of employment and MDPRC may not hire me; if hired, I understand my employment is at will and MDPRC can terminate me at any time, with or without cause or notice.*
- _____ *I understand employment may depend upon the results of reference checks, fingerprinting clearance, and/or physical and pre-employment tests including drug screening, VIRTUS training, and Megan's Law screening.*

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

Application DEADLINE: 08/01/2017

Email to:
AStubblefield@MaterDolorosa.org