



FOR OFFICE USE ONLY

BATCH #: _____
 DATE ENTERED: _____
 PAID CHECK #: _____

DIOCESE OF CORPUS CHRISTI
APPLICATION FOR EMPLOYEES & VOLUNTEERS
 PRINT OR TYPE ONLY

P E R S O N A L I N F O R M A T I O N	Last Name	First Name	Middle Name	Social Security No.
	Street Address			Date of Birth
	City, State, Zip			Gender M _____ F _____
	Do you wish to work: _____ Full Time _____ Part Time _____ Temporary _____ Volunteer			Driver License
	Where do you wish to work: _____ Chancery _____ Parish _____ School _____ Other Agency			Number: _____
	Are you employed now? _____ Yes _____ No			State: _____
	If so, may we inquire of your present employer? _____ Yes _____ No			Position Desired
	Have you ever work or volunteered for this company before? _____ Yes _____ No			Salary Desired
	If Yes: Month and Year _____ / _____ Location _____			Contact Phone # (____) _____ - _____
	Are you legally eligible for employment in the United States? _____ Yes _____ No			
Who referred you to this company? _____				
Please list your addresses for the past four years: (City or Town/County/State/Years lived)				
1. _____ 2. _____				
3. _____ 4. _____				

E M E R G E N C Y	Person to be notified in case of emergency:
	Name: _____
	Telephone: (____) _____ - _____
	Address: _____ _____

VOLUNTEER EXPERIENCE (Use separate sheet if needed)				
Organization	Duties	Dates	Contact	Phone

GENERAL INFORMATION				
Special Training	Special Skills	Special Study	Research Work	Certifications

For Employer use:	<input type="checkbox"/> Human Resources Office verified absence of restrictions.
Signature of employer _____	Date: _____

