

CENTRAL CATHOLIC MIDDLE SCHOOL - HIGH SCHOOL
Grand Island, NE 68803

APPLICATION FOR EMPLOYMENT
NON-CERTIFICATED POSITION

Full Name of Applicant: _____

CENTRAL CATHOLIC MIDDLE SCHOOL - HIGH SCHOOL
Grand Island, NE 68803

APPLICATION FOR EMPLOYMENT

Position for which you are making application: _____

PERSONAL INFORMATION:

Name: _____ Social Security Number: _____

Residence Address: _____
Street, P.O. Box City, State, Zip Code

Business Address: _____
Street, P.O. Box City, State, Zip Code

Home Telephone: (____) _____ Business Telephone: (____) _____

Please indicate best time to call: _____

Please provide your best estimate of days absent from your job last year due to illness: _____

Please estimate your total days absent _____

Please list organizations of which you are a member that may be an asset in the position for which you are making application.

EDUCATIONAL PREPARATION (Include high school, vocational/technical schools, and colleges/universities attended):

Name/Location	Major/Minor	Degree	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE (Please list in reverse order, most recent first)

Organization/Location	Position/Assignment	From/To	No. of Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide at least four references whom we may contact. Include current and former employers, supervisors and one member of the clergy. List name of person, their title/position, current address and telephone number.

1. _____
2. _____
3. _____
4. _____

In this space, please explain why you are interested in this position.

ADDITIONAL INFORMATION (Required by policy for all applicants for employment, employees and volunteers in schools, parishes and institutions within the Diocese of Grand Island.)

A. Do you use illegal drugs?Yes No

B. Have you ever been convicted of a criminal offense?Yes No

C. Have you ever been charges with child abuse or neglect?Yes No

D. Has your driver's license ever been suspended or revoked?Yes No

E. Other than above, is there any other face or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people?Yes No

I understand that:

The information that I have provided may be verified, if necessary, by contacting the persons or organizations named in this application, or by contacting any persons or organization that may have information concerning me. I hereby release and agree to hold harmless from liability and person or organization that provides information. I also agree to hold harmless the school, parish and Diocese of Grand Island, and officers, employees and volunteers thereof.

In signing this application, I affirm that the information I have given is true and correct.

Signature

Date

Please return the completed application form as soon as possible to:

Superintendent/Principal
Central Catholic Middle School - High School
1200 Ruby Ave.
Grand Island, NE 68803