



CATHOLIC FOREIGN MISSION SOCIETY OF AMERICA

Maryknoll Fathers and Brothers

Ryder Road

Ossining, NY 10562

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_
Street City State Zip Code

How many years have you lived at this address? \_\_\_\_\_ Phone \_\_\_\_\_

Are you under the age of eighteen? \_\_\_\_\_ If yes, a working permit is required.

Are you a U.S. citizen or, if not, do you have the right to remain and work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_
(You will be required to furnish proof of lawful work status if you are extended a job offer).

Will you now or in the future require sponsorship for employment visa status (e.g., H-B1 status)? Yes \_\_\_\_\_ No \_\_\_\_\_

Job(s) applied for: \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_
\$ \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Do you want to work: Full-Time \_\_\_\_\_ or Part-Time \_\_\_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_

Special skills and/or qualifications \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Can you, with or without accommodation, perform the essential functions of the job(s) for which you have applied?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please identify those essential functions which you are not able to perform.

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe fully the criminal conviction(s), listing the nature of the offense, the year of the offense, and your rehabilitation since the conviction(s). (A conviction record will not necessarily be a bar to employment). Youthful offender adjudication or certain sealed convictions (under Criminal Procedure Law Sec. 160.55) are inapplicable to this question.

\_\_\_\_\_
\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School		Address	Course	
College	Address	Dates Attended	Graduated	Course
Post Graduate	Address	Dates Attended	Graduated	Course
Business or Trade	Address	Dates Attended	Graduated	Course
Other	Address	Dates Attended	Graduated	Course

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**REFERENCES**  
**(Business References Preferred)**

NAME AND TITLE	ADDRESS	PHONE NUMBER
1.		
2.		
3.		
4.		
5.		

**EMPLOYMENT HISTORY**

List below all present and past employment, beginning with your most recent

Company Name and Address	Date Employed Month Year	Position Title and Supervisor's Name	Reason for Leaving
Name	From		
Address	To		
Name	From		
Address	To		
Name	From		
Address	To		
Name	From		
Address	To		

May we contact the employers listed above? \_\_\_\_\_ If not, indicate which one(s) you do not wish us to contact \_\_\_\_\_

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements or material omissions on this application shall be considered sufficient cause for dismissal.

I further understand that neither this application, nor any other communications by a management representative, is intended to, in any way, create a contract of permanent employment or employment for any specific period of time. My employment may be terminated at will by either Maryknoll or myself.

I hereby authorize Maryknoll to investigate my record with my former employer(s) and references, and release Maryknoll and informants from all liability resulting from such an investigation. I further understand that any offer of employment is conditioned upon receipt of satisfactory references and in some instances, satisfactory completion of a physical exam.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**REFERENCE RELEASE FORM**

**Applicant, please sign and date top portion of this form  
Don not complete bottom portion**

I have applied for employment with Maryknoll Fathers and Brothers and have listed you as a reference. Please provide answers to the following questions and return this form to Human Resources in the enclosed envelope. By this authorization, I hereby release you from any liability or action based upon the content of your answers.

Thank you for your cooperation and assistance.

Sincerely yours,

Dated \_\_\_\_\_

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Applicant's Name \_\_\_\_\_

Dates in your employ: From \_\_\_\_\_ To \_\_\_\_\_

Position Held \_\_\_\_\_

Is the information listed above correct? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please supply the correct information below.

Why did applicant leave your employ? \_\_\_\_\_

Would you re-employ? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? \_\_\_\_\_

Please rate applicant on the following characteristics:

Poor

Fair

Average

Very Good

Excellent

Quality of Work \_\_\_\_\_

Quality of Work \_\_\_\_\_

Attendance \_\_\_\_\_

Dependability \_\_\_\_\_

Cooperativeness \_\_\_\_\_

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Date \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

