Employment Application

Lowell Catholic

530 Stevens Street, Lowell, MA 01851-4029
Tel: 978-452-1794 Fax: 978-452-5646
www.lowellcatholic.org

Name: _____ **Date:** _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

_____
City/Town State Zip Code

E-mail: _____ **SSN:** _____

Phone: (Day:) _____ (Night): _____ (Cell): _____

Please list your three most professional employment experiences and indiate if full time or part time:

Organization/School	Supervisor Name	Position Held	Dates Employed	Reason for leaving

Please list your professional education starting with the most recent:

Institution	Degree	Years Attended	Major	Minor

Please list current professional course work and/or recent professional courses attended since obtaining your degree:

_____

_____

_____

Briefly describe why you think you are qualified for the position for which you are applying:

_____

_____

_____

Briefly describe your involvement in your church:

_____

_____

_____

Briefly describe your involvement in professional, social, or civic organizations:

_____

_____

_____

List extra-curricular activites that you would like to be invloved in if you were hired:

_____

_____

_____

Do you hold Massachusetts State Certification in education? ☐ Yes ☐ No

If yes, area(s): _____

Have you been convicted of a crime? ☐ Yes ☐ No If yes, please explain on a seperate piece of paper.
(A conviction is not necessarily a bar to employment.)

Have you ever worked or applied for work in a school(s) in the archdioese of Boston? ☐ Yes ☐ No

If yes, please indicate: Where: _____ When: _____

Is any individual information relative to a change of name, or use of an assumed name or nickname necessary to enable us to check on your work records? ☐ Yes ☐ No

If yes, please explain: _____

If hired for this position, I will provide the school with official transcripts of all transcripts of all undergraduate and graduate courses and, if applicable, copies of any Massachusetts certificates presently held by me. I will also provide three letters of reference.

I certify that the information contained in this application is true and correct to the best of my knowledge. I authorize the investigation of all matters contained in this application and agree that any misleading or false statements may result in my termination. I hereby authorize my present and past employers to furnish the school to which I make this application with information about my employment history. I understand that references requested will be communicated with on a confidential basis and that any information provided therein will not be shared with me. I further acknowledge that this application is not a contract of employment.

Applicant Signature: _____ **Date:** _____

References

Please provide three professional references that we may contact.

Name: _____

Title: _____

Organization/School: _____

Address: _____

Phone: _____

Name: _____

Title: _____

Organization/School: _____

Address: _____

Phone: _____

Name: _____

Title: _____

Organization/School: _____

Address: _____

Phone: _____