

WORK EXPERIENCE: (Please list the most recent first)

Company/Institution	City/State	Position	Dates		Employer/Supervisor's Name/Phone
			From/	To	

REFERENCES: List the individuals whom you will ask to submit recommendations: References should have specific knowledge of your job experience.

Name	Position	Address	Phone

NOTICE

In employment practices, Catholic schools within the Diocese of Providence do not discriminate on the basis of race, color, sex, national origin, age, mental or physical disability or protected impairment, genetic information, or veteran/military status. The school and/or parish employer will make a reasonable accommodation for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship will result.

In compliance with Rhode Island General Laws 16-2-18.1 – 16-2-18.2, as well as the policy of the Diocese of Providence, all individuals offered employment in a Catholic school in the Diocese of Providence will be required to successfully complete a state and national criminal background check (Triple I). The Triple I background check must be initiated within one week of receiving a conditional offer of employment. Triple I clearances are obtained by contacting the Office of Compliance, 80 Saint Mary's Drive, Cranston, RI 02920, 401-941-0760. After contacting the Office of Compliance individuals with conditional job offers will be directed to the Attorney General's Office or your local police department to obtain fingerprinting. If the criminal background check identifies the existence of any disqualifying information as defined by statute, the offer will be rendered null and void.

AUTHORIZATION AND CERTIFICATION

I authorize any school considering me for employment to investigate all statements contained in this application, to contact the references and employers listed, except where specifically indicated to the contrary, and I release all employers, schools and other references listed on this application from any liability involved in providing this information.

I certify that I have personally completed this application. I certify that all information furnished on this application is true, accurate and complete to the best of my knowledge and that any falsification, omission, or misrepresentation of information by me will be sufficient cause for rejection of my application and/or termination of my employment.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract between the school and me.

Please sign and date this application form only after reviewing each section to ensure that all information and answers to questions are correct and complete.

Signature_____

Date_____