



<b>3. Name of Employer:</b>	<b>Address:</b>	<b>Telephone Number:</b>
Supervisor name and title:	Date employed:	May we contact the em
Date and reason for leaving:		
Describe work performed:		
<b>4. Name of Employer:</b>	<b>Address:</b>	<b>Telephone Number:</b>
Supervisor name and title:	Date employed:	May we contact the em
Date and reason for leaving:		
Describe work performed:		
<b>5. Name of Employer:</b>	<b>Address:</b>	<b>Telephone Number:</b>
Supervisor name and title:	Date employed:	May we contact the em
Date and reason for leaving:		
Describe work performed:		

**PERSONAL REFERENCES**

Not former employers or relatives

	<b>NAME</b>	<b>OCCUPATION</b>	<b>ADDRESS</b>	<b>PHON</b>
<b>1</b>				
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I certify that all statements and representations made in this application are true and correct and that I have withheld nothing which would, if disclosed, adversely affect my employment. I understand that Catholic Counseling Services, Inc. relies upon such statements in making its employment decisions, and I authorize Catholic Counseling Services, Inc. to use such statements contained therein. I understand and agree that any misrepresentation will be sufficient cause for cancellation of the application and/or separation from Catholic Counseling Services, Inc. if such misrepresentation is discovered at any time after my employment, by Catholic Counseling Services, Inc. .

By virtue of my signature below, I acknowledge acceptance of the following statement.

I hereby authorize Catholic Counseling Services, Inc. to obtain an investigative consumer report, if applicable, in connection with my application for employment. The Fair Credit Reporting Act, Public law 91-508, requires that Catholic Counseling Services, Inc. advise me that in connection with my application for employment, the information which will provide applicable information concerning my prior employment, character, reputation, and mode of living. I understand that upon written request, information as to the nature and scope of the investigation will be provided to me. I further understand that Catholic Counseling Services, Inc. may require, as a condition of employment, to submit to testing for alcohol and/or illegal drugs.

I hereby authorize Catholic Counseling Services, Inc. to contact all employers, individuals, and educational institutions (as specified on this form) for reference purposes. Catholic Counseling Services, Inc. from any and all liability, including arising from the employer's negligence, upon verification of my prior employment history, criminal records, and any other background information. Additionally, I authorize Catholic Counseling Services, Inc. to supply my employment record, in whole or in part to any prospective employer, government agency, or other party with legal or proper interest. I release from any and all liability arising from negligence, all persons who supply Catholic Counseling Services, Inc. with information pertaining to my prior employment history, criminal record, reference, and any other background information.

Nothing contained in this employment application shall constitute a contract of employment, and I understand and agree that if I am employed, such employment will be subject to the terms and conditions of the Catholic Counseling Services, Inc. management and should not be relied on by me. I will comply with all rules regulations as set forth in Catholic Counseling Services, Inc. Policy Manual or other communications distributed to all employees. I acknowledge that I voluntarily signed and have read and understand the above statements.

\_\_\_\_\_

**DATE**

**SIGNATURE OF APPLICANT**

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<b>PHONE NUMBER</b>

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