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Office of Human Resources  
425 Church St., Monterey, CA 93940  
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www.dioceseofmonterey.org  
(831) 373-4345

It is the policy of the Diocese of Monterey to comply with all applicable state and federal laws prohibiting discrimination in employment.

Date: \_\_\_\_\_

### PERSONAL:

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Email Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Are you over 18 years old? \_\_\_ Yes \_\_\_ No

Have you ever worked for the Diocese of Monterey or for any parish or school within the Diocese of Monterey? \_\_\_ Yes \_\_\_ No If yes, what location? \_\_\_\_\_

If hired, can you present evidence of your U.S. citizenship, or proof of your legal right to live and work in this country? \_\_\_ Yes \_\_\_ No

Position Applying For: \_\_\_\_\_ ☐ Full Time ☐ Part Time

Date Available to Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

### EDUCATION:

Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: Number of Years Completed (circle one) 1 2 3 4

Diploma: \_\_\_ Yes \_\_\_ No G.E.D.: \_\_\_ Yes \_\_\_ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

College: Number of Years Completed (circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

Dates of attendance: \_\_\_\_\_

Other Training or Degrees:

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

State of \_\_\_\_\_ License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

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**SKILLS:**

Typing: \_\_\_\_\_ wpm.    ☐ Word    ☐ Excel    ☐ PowerPoint

Other Software Skills \_\_\_\_\_

Are you bilingual in English/Spanish? ☐ Yes ☐ No

Rate your fluency from 1 (low) to 10 (high)

Speaking \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_

Translate English to Spanish \_\_\_\_\_ Translate Spanish to English \_\_\_\_\_

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**EMPLOYMENT:**

List last employer first, including U.S. Military Service.

If any employment was under a different name, indicate name: \_\_\_\_\_

Current (Most Recent) Employer \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Position \_\_\_\_\_ Hours per week \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates of Employment – From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time ☐ Part Time ☐  
Month/Year                      Month/Year

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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