

**IMMACULATE CONCEPTION CATHEDRAL SCHOOL
 PARA-PROFESSIONAL APPLICATION**

PERSONAL INFORMATION

NAME _____
 Last First Middle Maiden

ADDRESS _____
 Street City State Zip

TELEPHONE _____
 Home Work Other

Date of Birth _____ Social Security No. _____ Drivers Lic. # _____

OPTIONAL INFORMATION

CONDITION OF HEALTH _____ Any Physical Disabilities? {Yes {No

If yes, please explain: _____

Any limitations to work? _____

Marital Status: _____ Spouse's Name _____ Work Number _____

Parent/Guardian Name _____ Work Number _____

Any Children? {Yes {No How Many? _____ Ages _____

EDUCATIONAL BACKGROUND

	Name of School	Dates of Attendance			
		From		To	
High School		From		To	
		From		To	
Trade School		From		To	
		From		To	
College		From		To	
		From		To	

EMPLOYMENT RECORD

DATES		COMPANY	SUPERVISOR	ADDRESS	PHONE NO.	DUTIES
FROM	TO					

REFERENCES

TYPE	NAME	COMPLETE MAILING ADDRESS	PHONE NUMBER	YEARS KNOWN
Character (No relatives)				
Character (No relatives)				
Character (No relatives)				
Education or Business				
Education or Business				
Education or Business				

OTHER

Have you every been fingerprinted (Federal & State)?	{Yes	{No
If yes, where is it on file? _____	Phone Number: _____	

I agree to follow the job description and guidelines as designated by the administration.

Date: _____

Signature: _____