



Bridges Apprenticeship Program Application

All applicants are subject to a background check as well as a child protection screening vetted through the Archdiocese of Mobile. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Apprentice Information

Position applying for (check box):

Food Service Recreation Center/ Facilities Catering

Applicant Name: _____ Email Address: _____

Home Number: _____ Cell Number: _____

Current Address: Number and street: _____

City: _____ State & Zip: _____

Are you currently unemployed? Y or N Duration of last employment: _____

Name of last employer: _____

Personal Information

1. Have you ever applied to/worked for Edmundite Missions before? Y or N

If yes, please explain (include date): _____

2. Do you have friends, relatives, or acquaintances working for Edmundite Missions? Y or N

If yes, state name & relationship: _____

3. If hired, would you have reliable transportation to/from work? Y or N

4. If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

Education, Training & Experience

High School

School name: _____ Did you graduate? [] Y or [] N

Number of years completed: _____ Diploma earned: _____

College/University

School name: _____ Did you graduate? [] Y or [] N

Number of years completed: _____ Diploma earned: _____

Vocational School

School name: _____ Did you graduate? [] Y or [] N

Number of years completed: _____ Diploma earned: _____

Military

Branch: _____ Rank in Military: _____

Total Years of Service: _____

Skills/duties: _____

Additional Information

Do you speak, write or understand any foreign languages? [] Y or [] N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills which should be brought to our attention? [] Y or [] N

If yes, please explain _____

References

List below three persons who have knowledge of your work performance within the last four years.
Please include professional references only.

Full Name: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Full Name: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Full Name: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hire. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this organization, terms for my immediate expulsion from the organization.

I understand that if I am accepted into the apprenticeship program, my apprenticeship is not definite and can be terminated at any time either with or without prior notice, and by either me or the organization.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____ **Date:** _____