

**Catholic Charities Disabilities Services**

1 Park Place, Suite 200  
Albany, New York 12205  
(518) 783-1111  
Employment Inquiry

I understand that this is not an Employment Application. This inquiry, will however, be reviewed, and my qualifications considered for possible job openings in the near future. If this company finds my qualifications and employment background match a current opening I will be contacted to complete an Application for Employment.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number – Day: \_\_\_\_\_

Phone Number -Evening: \_\_\_\_\_

**Desired Position:** \_\_\_\_\_

Check all that apply: **Please see back side of form for further questions about availability**

Full Time                       Part-Time                       Weekends

7-3                                       3-11 pm                                       11-7 pm

If other, please specify: \_\_\_\_\_

**Education**

Do you have a high school diploma?       Yes                       No                       or GED

Associate's                       Bachelor's                       Master's

Major: \_\_\_\_\_

List any professional, technical or other training relative to the type of employment sought:

\_\_\_\_\_  
\_\_\_\_\_

All positions require a valid driver license. Do you have a valid driver license?       Yes                       No

Not all of our work sites are on the bus line. Do you require a location on a bus line?       Yes                       No

All individuals considered for employment are evaluated without regard to race, creed, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related disability or any other legally protected status.

**Continue on back side**

**Please list the days and times you are available for work. Please be specific.**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

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

How were you referred to Catholic Charities? \_\_\_\_\_