



Employee Application

ocrs.org | 1.800.235.2772

Name (Last/First)

Position Applied

Date

Data Protection

The Data Protection Act 1998 (“The Act”) sets out certain requirements for the protection of your personal information against unauthorized use or disclosure. Except to the extent we are required or permitted by law, the information which you provide in this application form, and any other information obtained or provided during the course of your application and hiring process (“the information”) will be used solely for the purpose of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunities monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all relevant purposes in connection with your employment.

Under the Data Protection Act 1998, you have the right to request details of your Personal Data held or processed by us. Any such request should be submitted in writing and marked for the attention of the Data Protection Compliance Officer.

DECLARATION

In order that we may process your information we require your explicit consent. Please read the declaration below and indicate your acceptance by signing below.

In line with the Data Protection Act 1998, I agree to this information being held securely and used only in processing my application. All the details which I have provided are correct to the best of my knowledge.

Signature

Date

Candidate Name

General information & Questions

Last Name

First Name

Home Address

Location (Country/Region)

Home Phone Number

Cell Phone Number

E-Mail Address

Position Applied For

Annual Basic Pay/Salary Expectation

Are you at least 18 years of age?

Yes No

If related to or referred by anyone from CRS, state name and country or department.

Do you now or in the future require sponsorship in the country of assignment?

Yes No

Related to: _____

Have you worked directly or indirectly for CRS in the past?

Yes No

Referred by: _____

If you are selected as a finalist for this position, may we contact your current employer as part of the pre-offer reference check?

Yes No

How did you hear about this job?

Education and Certifications

Please list your highest level of education and relevant certifications.

Education

Certifications, issuing organization

Languages

Please list all languages you know and fluency level.

Employment History

Please list your most recent positions going back no more than 10 years.

Employer	Telephone Number	<input type="checkbox"/>	<input type="checkbox"/>
		Full-Time	Part-Time
Employer Address		Location (Country/Region)	
Start - End Date (month/year)	Position/Title	Supervisor (name/title)	

Employer	Telephone Number	<input type="checkbox"/>	<input type="checkbox"/>
		Full-Time	Part-Time
Employer Address		Location (Country/Region)	
Start - End Date (month/year)	Position/Title	Supervisor (name/title)	

Employer	Telephone Number	<input type="checkbox"/>	<input type="checkbox"/>
		Full-Time	Part-Time
Employer Address		Location (Country/Region)	
Start - End Date (month/year)	Position/Title	Supervisor (name/title)	

Employer	Telephone Number	<input type="checkbox"/>	<input type="checkbox"/>
		Full-Time	Part-Time
Employer Address		Location (Country/Region)	
Start - End Date (month/year)	Position/Title	Supervisor (name/title)	

References

Please provide three professional references. At least two of the references must be current or past supervisors. For applicants with limited work experience, the names of individuals who have provided supervision in education or volunteer settings are acceptable. List any names you have used in the past, such as maiden name, for the reference provided to ensure your references are accurately checked.

Reference Name

Organization (name/title)

Phone Number/Email Address

Relationship/Years known

Name (self)

Reference Name

Organization (name/title)

Phone Number/Email Address

Relationship/Years known

Name (self)

Reference Name

Organization (name/title)

Phone Number/Email Address

Relationship/Years known

Name (self)

Government/Military

Are you, or an affiliate (including relatives,) currently or previously been employed by the US Government, UK Government (DFID &/or TheCrown), or any other donor or donor government entity? Yes No

If you answered **YES**, please answer the following of the Agency/Department:

Government Agency/Department

Dates of Employment

Last Grade Level (USG only)

Military Service

Branch

Dates

Rank at Discharge

Speciality

Applicant Acknowledgment and Consent

ACKNOWLEDGMENT OF CRS COMMITMENT TO SAFEGUARDING

CRS' talent acquisition procedures reflect our commitment to safeguarding the rights and dignity of all people - especially children and vulnerable adults - to live free from abuse and harm.

By applying to this job, I understand and acknowledge that CRS requires its staff to demonstrate respect to all people, and to affirmatively prevent harassment, abuse, and exploitation. I understand that CRS takes all allegations of harassment, abuse and exploitation seriously. Alleged violations of CRS' Safeguarding policy will be promptly and thoroughly investigated and, if confirmed, may result in dismissal.

APPLICANT CONSENT

I authorize CRS to investigate my background, qualifications, and references for the purpose of employment, and I release from liability all representatives of CRS for acts performed in good faith and without malice in connection with investigating and evaluating my application, including contacting any references available to CRS. I further release from liability all individuals and organizations who provide information to CRS in good faith and without malice concerning my qualifications. I understand that submitting this application indicates my consent to such screening.

I understand when CRS contacts my references, they will be asked about my professional conduct. I give consent to CRS to ask questions about my conduct.

I also understand and consent that if CRS extends an offer of employment, I will be asked to respond to Self-Declaration questions regarding my professional conduct.

I understand that neither this application nor its acceptance by CRS is an offer of employment. I further understand if I am employed through U.S. Headquarters, my services may be terminated by the agency with or without cause or notice at any time. Termination provisions of local employees are governed by local law.

I understand that any misrepresentation or willful omission of facts on this application for employment or candidate profile, regardless of when discovered, may be cause for dismissal.

Signature

Date



228 WEST LEXINGTON STREET | BALTIMORE, MD 21201-3443
CRS.ORG | CRSESPANOL.ORG

©2021 Catholic Relief Services. All Rights Reserved. 21HR-334890

Demographic Information

Your answers to the questions in this section help Catholic Relief Services to measure the effectiveness of our equal employment opportunity efforts for a diverse workforce. This information will not be available to the panel rating the applications, to those selecting an applicant for the position, or to anyone else who can affect your application. It does not become part of your personnel record if you are hired. Your responses are voluntary; if you choose, you may simply check "Decline to answer."

Name

Date

Address

Location (Country/Region)

<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native Asian	<input type="checkbox"/> Black	<input type="checkbox"/> African American	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other
---------------------------------------------	-------------------------------------------------	-----------------------------------	----------------------------------------------	---------------------------------------------	----------------------------------------------	-----------------------------------	---------------------------------------------	-----------------------------------

Race (Check all that apply)

Decline to answer

<input type="checkbox"/> Male	<input type="checkbox"/> Female
----------------------------------	------------------------------------

Gender

Decline to answer

Do you have a disability, or have a history/record of having a disability?

Yes No Decline to answer

