

Social Security No.	Legal Name (Last)	(First)	(Middle)
Home Address (Street)		(City)	(State) (Zip + four)
Home # ()	Birthdate (Month, Date, Year)	Marital Status	Sex (M/F)
Cell # ()	Name and Address of Parish/School/Office Where Employed		
Employment Start Date:		Position/Job Title:	
Full Time/Part Time _____		# of hours per week _____	
List All Dependents			
Full Name	Birthdate (Month, Date, Year)	Social Security Number	
Spouse			
() Son () Daughter			
() Son () Daughter			
() Son () Daughter			
() Son () Daughter			
<u>Please complete No. 1, 2, and 3</u>			
Number 1 () Hispanic or Latino () White (not Hispanic or Latino) () Asian (not Hispanic or Latino) () Black or African American (not Hispanic or Latino) () American Indian or Native Alaskan (not Hispanic or Latino) () Other _____			
Number 2			
Military Veteran () Yes () No		Military Reserve () Yes () No	
Branch of Service _____		If yes, () Active () Inactive	
Number 3 Circle the highest year of education			
Less than 12th grade	High School Graduate	Some college/business school	
Vocational/Technical School	Two-year College Graduate	Bachelor's Degree	Master's Degree
Doctorate Degree	Other _____		

Health Insurance

If eligible for Diocesan Health Insurance, check for Medical and/or Dental Coverage

Medical: PPO

Employee only () Parent/Child () Parent/Children () Employee/Spouse () Family ()

Dental:

Non-Teachers eligible for Dental after completing one year of full time employment.

Teachers are eligible for single dental coverage when originally eligible for health insurance.

Dependents of Teachers are eligible after completing one year waiting period.

Employee only () Family ()

Other Insurance:

Does your Spouse have other Insurance () Yes () No If yes, please complete the following:

Carrier Name: _____

Group #: _____

Circle all that apply: Medical Dental

Does your Spouse's insurance cover your dependents: () Yes () No

Emergency Contact

Name	Relationship	Home Telephone
Name of work location		Work Telephone

DIOCESAN EMPLOYMENT HISTORY

IF YOU HAD PRIOR DIOCESAN WORK EXPERIENCE PLEASE COMPLETE INFORMATION BELOW:

1) Place of employment: _____

Address: _____

Employed from _____ to _____ Number of hours per week _____

2) Place of employment: _____

Address: _____

Employed from _____ to _____ Number of hours per week _____

3) Place of employment: _____

Address: _____

Employed from _____ to _____ Number of hours per week _____