

**Our Lady of the Assumption Church  
Assumption Academy  
Application**

**Personal Information**

Full Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Previous Addresses (State each residence address you have had for the past seven years, starting with the most recent address. You do not need to repeat the address listed above.)

Street Address	City	State	Zip	Dates
_____				
_____				

If you are looking to receive compensation for your work, please answer the following:

Are you authorized to work in the United States?     Yes     No

FOR MINORS ONLY: If you are under the age of 18, Please provide your date of birth: \_\_\_\_\_

**Position of Interest**

Please list the specific position for which you are applying, or if you are not applying for a specific position, describe the kind of position you are seeking.

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

List any skills, volunteer experience, training, education, or other qualifications that have prepared you to work in the capacity described above.

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

## Personal History

(If you have a resume, please attach it, and skip over education and employment history to the SSPX Affiliation section of this form.)

### Education

State educational or vocational institution in which you have been enrolled (starting with high school), and the locality of the institution (city and state or country, if applicable). Please specify whether you obtained any degree or certificate of completion.

Name of Institution	City & State	Degree/Certificate?
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Employment (If you are applying as a volunteer, you may use volunteer experience below.)

Starting with your present or most recent employer and going back ten years, if possible, please complete the following (you may use an additional sheet of paper if necessary).

Name of Employer	Type of Business	Position(s) Held	Dates
_____	_____	_____	_____
_____	_____	_____	_____

  

Employer's Street Address	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____

  

Immediate Supervisor's Name	Title	Telephone	May We Contact?
_____	_____	_____	_____
_____	_____	_____	_____

Reason for leaving. Please state whether you voluntarily quit, or were discharged, laid-off, or otherwise terminated. Please fully explain.

\_\_\_\_\_

\_\_\_\_\_

Name of Employer	Type of Business	Position(s) Held	Dates
_____	_____	_____	_____
_____	_____	_____	_____

  

Employer's Street Address	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____

  

Immediate Supervisor's Name	Title	Telephone	May We Contact?
_____	_____	_____	_____
_____	_____	_____	_____

Reason for leaving. Please state whether you voluntarily quit, or were discharged, laid-off, or otherwise terminated. Please fully explain.

\_\_\_\_\_

\_\_\_\_\_

**SSPX Affiliation**

Do you regularly attend an SSPX Chapel (every Sunday and day of obligation)?  Yes  No

If yes, chapel name and location \_\_\_\_\_

How long have you attended this chapel? \_\_\_\_\_

Have you ever volunteered, been employed by, or otherwise worked for the SSPX?  Yes  No

If yes, when and where? \_\_\_\_\_

Have you ever been through our Abuse Prevention and Response Orientation Training?  Yes  No

**Prior Parishes**

Please list any other Priory / Chapel / Mission you regularly attended in the last five years.

\_\_\_\_\_  
Name of Priory / Chapel / Mission Phone Number

\_\_\_\_\_  
Address of Priory / Chapel / Mission

\_\_\_\_\_  
Dates Attended Reference Phone Number (if different from above)

\_\_\_\_\_  
Name of Priory / Chapel / Mission Phone Number

\_\_\_\_\_  
Address of Priory / Chapel / Mission

\_\_\_\_\_  
Dates Attended Reference Phone Number (if different from above)

\_\_\_\_\_  
Name of Priory / Chapel / Mission Phone Number

\_\_\_\_\_  
Address of Priory / Chapel / Mission

\_\_\_\_\_  
Dates Attended Reference Phone Number (if different from above)

## References

Please provide the names of three individuals, **excluding relatives**, who could provide a reference for you. Include one priest of the SSPX, one personal reference, and one professional reference.

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Name of Reference (SSPX priest) \_\_\_\_\_ Phone Number \_\_\_\_\_

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Address \_\_\_\_\_

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Email Address \_\_\_\_\_ Nature of Relationship \_\_\_\_\_

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Name of Reference (personal) \_\_\_\_\_ Phone Number \_\_\_\_\_

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Address \_\_\_\_\_

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Email Address \_\_\_\_\_ Nature of Relationship \_\_\_\_\_

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Name of Reference (professional) \_\_\_\_\_ Phone Number \_\_\_\_\_

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Address \_\_\_\_\_

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Email Address \_\_\_\_\_ Nature of Relationship \_\_\_\_\_

I hereby acknowledge that, to the best of my knowledge, the information contained in this application is true and correct.

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

An adult witness signature is required below to verify that the name on the application is the same as that of the person asking you to witness below. The witness may be any adult unless the applicant is a **minor**, in which case, a parent or legal guardian must sign as the witness.

Printed Name of Witness \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_