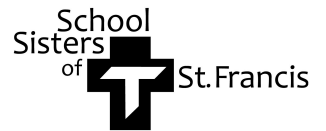


Human Resources

Application for Employment



EEO Statement – We are an Equal Employment Opportunity employer and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, citizenship, age, disability, sex, military service, genetic testing, marital status, sexual orientation, ancestry, or any other characteristic protected by Local, State or Federal Law.

Please Click in the spaces provided.

Application Date _____

Incomplete or illegible applications will not be processed.

PERSONAL INFORMATION					
First Name:		Last Name:		Middle:	
Street Address:			City:		State: Zip:
Phone:		Day Phone (if different):			
Email Address:					
EMPLOYMENT INFORMATION					
Position Applied For:					
Times Available (Check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Days <input type="checkbox"/> PMs <input type="checkbox"/> Nights					
Weekends Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Holidays Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Expectation:			Date Available:		
WORK EXPERIENCE (Begin with most recent position)					
Employer (1)			May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		City:		State:	Zip:
Telephone:		Supervisor:			
Job Title:		Reason for Leaving:			
Duties/Responsibilities:					
Dates Employed:	From:	To:	Salary:	Starting:	Final:
Employer (2)					
Address:		City:		State:	Zip:
Telephone:		Supervisor:			
Job Title:		Reason for Leaving:			
Duties/Responsibilities:					
Dates Employed	From:	To:	Salary	Starting:	Final:

Employer (3)					
Address:			City:		State:
Telephone:			Job Title:		
Supervisor:			Reason for Leaving:		
Duties/Responsibilities:					
Dates Employed	From:	To:	Salary	Starting:	Final:

Account for all other periods of employment not listed above. Use additional paper if necessary.

VOLUNTEER EXPERIENCE

Volunteered at:					
Address:			City:		State:
Telephone:					
Person You Reported to:			Services Provided:		
Provided Services	From:	To:	Reason for discontinuing services:		

EDUCATION AND TRAINING

	Name and Location of School	Major Field of Study	Years Completed	Diploma/Degree
High School/G.E.D.				
Technical/Trade				
College/University				
Graduate				

Describe any affiliations, internships, honors, specialized training, extra curricular activities, etc.

PROFESSIONAL REGISTRATIONS AND LICENSES

Type of registration or license:		State Issued:	Expiration Date:
Are you CPR certified? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check appropriate box)		Expiration Date:	
Have you ever been convicted of a crime (felony or misdemeanor) or have criminal charges pending? If Yes, please describe (1) nature of crime, (2) date of conviction, and (3) state in which convicted. <i>Note: Conviction of a crime does not constitute an automatic bar from employment with SSSF.</i>			
How were you referred to this position?			
Do you have any relatives who are employed by this organization? <input type="checkbox"/> Yes, please specify. <input type="checkbox"/> No (Check appropriate box)			
If hired, can you provide written evidence that you are authorized to work in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check appropriate box)			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check appropriate box) <i>Note: If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work for which you are applying and have obtained a valid work permit.</i>			
Have you ever applied at SSSF before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		Have you ever worked at SSSF before? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check box) If yes, when and what position?	

CERTIFICATION

I certify that all information contained in this Employment Application is true and correct to the best of my knowledge. I understand that misrepresentation or omissions of any kind may result in denial of my employment or be cause for subsequent termination if I am hired.

I authorize SSSF to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment. I also agree to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Regardless of whether I become employed by SSSF, I recognize that this Application for Employment is not and should not be considered a contract of employment. I understand that employment at SSSF is on an “at-will” basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the option of SSSF.

Date

Signature

INFORMATION RELEASE AUTHORIZATION

I have applied to School Sisters of St. Francis (“SSSF”) for employment. To enable SSSF to properly evaluate my skills and qualifications, I request and authorize my existing and former employers, educational institutions, and any other individuals or entities to release and furnish to SSSF any and all information and documents in their records or files, or within their knowledge, concerning my present and/or past employment, volunteer work, credit, school records and transcripts or any other information concerning me. A copy of this authorization is as valid as the original and should be recognized as such.

Date

Signature