

Human Resources Department
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 print clearly. Incomplete or illegible applications will not be processed.

Application Date: _____

PERSONAL INFORMATION				
First Name		Middle Name		Last Name
Street Address			City	State Zip
Phone		Day Phone (if different)		
Email Address		Have you ever worked under a different name?		
EMPLOYMENT INFORMATION				
Position Applied For				
Times Available <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Days <input type="checkbox"/> PMs <input type="checkbox"/> Nights Can You Work Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Salary expectation			Date Available	
per				
WORK EXPERIENCE (Begin with most recent position)				
Employer (1)		May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address		City	State	Zip
Telephone				
Job Title		Supervisor		
Duties/Responsibilities		Reason for Leaving		
Dates Employed		Salary or Rate of Pay		
From	To	Starting	Final	
Employer (2)		May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address		City	State	Zip
Telephone				
Job Title		Supervisor		
Duties/Responsibilities		Reason for Leaving		
Dates Employed		Salary or Rate of Pay		
From	To	Starting	Final	

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Employer (3)		May we contact this employer		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address		City	State	Zip	
Telephone					
Job Title		Supervisor			
Duties/Responsibilities		Reason for Leaving			
Dates Employed From _____ To _____		Salary or Rate of Pay Starting _____		Final _____	

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

VOLUNTEER EXPERIENCE (Begin with most recent position)

Volunteered at:				
Address		City	State	Zip
Telephone		Person You Reported To:		
Services Provided		Dates Employed From _____ To _____		
Reason for discontinuing volunteer service:				

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	License Number	State Issued	Expiration Date
Are you CPR certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expiration Date:	
Have you ever been convicted of a crime (felony or misdemeanor) or have criminal charges pending? <input type="checkbox"/> No <input type="checkbox"/> Yes. 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"/> No <input type="checkbox"/> Yes, Please give name(s)			
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			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No <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"/> No <input type="checkbox"/> Yes. If yes, when?		Have you ever worked at SSSF before? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, when and what position?	

PROFESSIONAL REFERENCES (Please list at least three non-relatives who are able to speak to your professional performance history – please do not list personal references)

Name:			
Address	City	State	Zip
Telephone	Years known:		
How are you acquainted:			
Name:			
Address	City	State	Zip
Telephone	Years known:		
How are you acquainted:			
Name:			
Address	City	State	Zip
Telephone	Years known:		
How are you acquainted:			

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.

Signature

Date

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.

Signature

Date

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Applicant: Please review and sign here ONLY.

I authorize the person or organization listed below to release any and all information relating to my employment with them to representatives of School Sisters of St. Francis.. I further release and hold harmless both organizations and from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Signature _____

Date _____

To: _____

The applicant named below has authorized you or your organization to provide information regarding past work/school/volunteer history. Please complete this form and return at by fax to **414-385-5313**. Your response will remain in strict confidence. Thank you for your assistance.

Sincerely, School Sisters of St. Francis

Applicant's Name: _____

Social Security Number _____ **Position** _____

Position Held with your organization _____

Dates of Employment/Volunteer Service From: _____ To: _____

Reason for Leaving _____
Separation was Voluntary Involuntary Would you hire again? Yes No, why? _____

Please rate on the following scale:

	Excellent	Good	Fair	Poor	Remarks
Quantity of Work	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____

Comments: _____

Signature _____

Date _____

Please Print Name _____

Title _____