



APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLETE ALL PAGES DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work weekends? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|----------|---------------------------|----------------|
| High School | | | | |
| College | | | | |
| Bus. or Trade School | | | | |
| Professional School | | | | |

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR or FELONY? No Yes

If yes, please explain. _____

Have you ever been excluded, suspended or otherwise ineligible for participation in Federal programs or have a controlling interest in any entity that has been so excluded or suspended? No Yes

If so, please explain _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Computer Skills: (check all that apply)

**OFFICE
POSITIONS ONLY**

Microsoft Word Microsoft Excel Microsoft Power Point Microsoft Access Financial Edge ADP Razors Edge

Microsoft Outlook

Personal Yes PC

Other _____

Computer No Mac

Skills _____

Please list two references other than relatives.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Empty space for additional information.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| | | | |
|--|-------------------------|------------------|--------------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| | | | |
|--|-------------------------|------------------|--------------------|
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| | | From To | Start Final |
| | Your last job title | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with St. Joseph's Ministries creates an actual or implied contract of employment. I understand that, if I accept employment with St. Joseph's Ministries, it will be on an at-will basis. This means that either St. Joseph's Ministries or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by St. Joseph's Ministries. I release St. Joseph's Ministries, and its associates, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize St. Joseph's Ministries to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release St. Joseph's Ministries and its associates from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

St. Joseph's Ministries is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with St. Joseph's Ministries depends solely on your qualifications.



PRE-EMPLOYMENT
VOLUNTARY AFFIRMATIVE ACTION INFORMATION
COMPLETION OF THE INFORMATION BELOW IS VOLUNTARY
Not for interviewing purposes. To be filed separately from application.

As an Equal Opportunity/Affirmative Action employer, we wish to measure the effectiveness of our recruiting methods as well as comply with various laws and regulations that require us to fill annual statistical reports on applicants for employment.

We consider applicants for all positions regardless of race, creed, color, religion, sex, national origin, citizenship, age, mental or physical disability, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

Please be advised that this survey is not part of your official application for employment and is entirely voluntary. The below information will not be used in any employment action decision and will be kept completely confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position applied for _____ Date _____

Referral Source

Website (specify) _____ Ad (Source) _____

Employment Agency _____ School _____

Employee _____ Other _____

Applicant Information

Name _____

Address _____
STREET CITY STATE ZIP

Gender Male _____ Female _____

PLEASE SELECT ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS

- _____ White (not of Hispanic origin) _____ Black (not of Hispanic origin)
- _____ American Indian/Alaska Native _____ Asian/Pacific Islander
- _____ Hispanic _____ Other (please specify) _____

PLEASE CHECK THE FOLLOWING CATEGORIES IF APPLICABLE

_____ Eligible Veteran _____ No Military Service

For Human Resources Use Only Hired: Yes No Position Hired For: _____

From the EEO job classifications listed below, which describes the position filled:

- Officials and Managers Sales Workers Operatives
- Professionals Office and Clerical Laborers
- Technicians Craft Workers (skilled) Service Workers