



APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

(Please Print Clearly)

St. Paul's does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, ancestry, age or disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration; however its receipt does not imply that the applicant will be employed.

PERSONAL INFORMATION Date of Application _____ Date Available _____

Name _____

Last

First

Middle

Address _____ Telephone Number() _____

Cell Phone Number() _____

City

State

Zip Code

E-mail address _____

If you cannot be reached at the above phone number, where may we contact you? Name of Person _____ Phone _____
Are you a citizen of the United States, or national, a lawful permanent resident or alien authorized for employment? Yes _____ No _____

EMPLOYMENT DESIRED

Table with 3 columns: Type of Work Desired, Shift, Salary Requirements. Rows for First Choice and Second Choice.

Are you at least 18 years of age? Yes _____ No _____

Will you accept employment of: Full Time? Yes _____ No _____ Part Time? Yes _____ No _____

Are you employed now? Yes _____ No _____

May we contact your present/past employers? Yes _____ No _____

If no, please explain? _____

How did you learn of this opening? _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Table with 4 columns: Type, Organization or State Issued, Expiration Date, Number.

EDUCATION

Circle Highest Grade Completed: 8 9 10 11 12 13 14 15 16

	Name of School	Location (City, State)	Diploma, Degree or Certificate Received
High School			
College			
Vocational or Business			

Have you ever been in the U.S. Armed Forces? Yes _____ No _____

Are you presently a member of the National Guard or Reserves? Yes _____ No _____

Have you ever plead guilty to, or been convicted of, any crime other than a misdemeanor or summary offense? Yes _____ No _____

If yes, please explain: _____

EMPLOYMENT RECORD (List last or present position first)

Present and Former Employers	Dates Employed	Position	Duties	Salary	Reason for Leaving BE SPECIFIC
Name _____ Address _____ Supervisor's Name _____ Phone _____	From: To:		_____ _____ _____		_____ _____ _____
Name _____ Address _____ Supervisor's Name _____ Phone _____	From: To:		_____ _____ _____		_____ _____ _____
Name _____ Address _____ Supervisor's Name _____ Phone _____	From: To:		_____ _____ _____		_____ _____ _____
Name _____ Address _____ Supervisor's Name _____ Phone _____	From: To:		_____ _____ _____		_____ _____ _____
Name _____ Address _____ Supervisor's Name _____ Phone _____	From: To:		_____ _____ _____		_____ _____ _____

In the past 10 years, please explain any gaps in the above employment record: _____

If your former employment references, education or military service are under a name other than indicated on front of this application, please indicate below:

Last First Middle

AVAILABILITY RECORD

	Weekends	Yes	No
Are you available to work:	Holidays	Yes	No
	Rotating Shifts	Yes	No

Please indicate days and hours you are available for work: (Be Specific)

Day	Hours
Sunday	From: _____ AM To: _____ PM
Monday	From: _____ AM To: _____ PM
Tuesday	From: _____ AM To: _____ PM
Wednesday	From: _____ AM To: _____ PM
Thursday	From: _____ AM To: _____ PM
Friday	From: _____ AM To: _____ PM
Saturday	From: _____ AM To: _____ PM

I voluntarily give St. Paul's the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, medical doctors, school officials, law enforcement officials or government officials supplying such information. I consent to take the post employment offer health screening, drug screening and such future physical examinations as may be required by this St. Paul's at such times and places as St. Paul's shall designate. I understand that I must receive criminal background clearance and hereby give St. Paul's permission to conduct criminal background verification.

I understand that I will be required to follow the personnel policies and rules of St. Paul's and infractions of said rules may lead to dismissal.

I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form, on any supplement thereto or during any pre-employment interviews.

I further understand that St. Paul's follows federal, state and local laws prohibiting discrimination in the hiring of individuals based on sex, color, national origin, ancestry, race, religion, age or disability unrelated to the ability to perform the work required.

I understand that if I am employed, it is employment at will and employment is subject to termination at any time at the discretion of the employer without liability, except for payment of salary or wages earned up to the date of termination.

I understand that if I am employed it will be on a probationary or trial basis during the first 90 days of employment. Upon my termination I authorize the release of reference information on my work.

DATE

SIGNATURE

REQUEST FOR REFERENCE

I hereby authorize release of the requested information and release St. Paul's and any disclosures of information from any liability as a result of the contents of the response to this information request.

DATE

SIGNATURE

FOR ST. PAUL'S USE ONLY: DO NOT COMPLETE ANYTHING ON THIS PAGE

To: _____

Address: _____

Subject: Employment Record of: _____

Position Applied For: _____

Social Security Number _____

The above person claims employment with you as a _____ for the period of _____ to _____. We would appreciate it if you would verify this claim and fill out the questionnaire below. This information will be held in strict confidence.

THANK YOU FOR YOUR ASSISTANCE!

Personnel Department - St. Paul's

Employed From _____ To _____

Position or Job Title _____

Work Record (check one):	Excellent	Good	Average	Fair	Poor
Quality of Work	_____	_____	_____	_____	_____
Capacity for Responsibility	_____	_____	_____	_____	_____
Thoroughness of Work	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Relationship with Others	_____	_____	_____	_____	_____
Loyalty	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____	_____

Supervision Required No _____ Yes _____ Most of the Time _____

Would you re-employ? Yes _____ No _____

If No, state reason: _____

Reason for leaving your employment? _____

Other Comments: _____

Information furnished by: Title: _____ Date _____
Signature _____

For St. Paul's use only:

Hire Date: _____

Rate: _____

Status: _____

Department _____

Facility _____

Position: _____

Active Date: _____