**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.**

ApplicationDate:

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| **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 [ ]  Full-Time [ ]  Part-Time [ ]  Days [ ]  PMs [ ]  Nights Can You Work Weekends? [ ]  Yes [ ]  No Holidays? [ ]  Yes [ ]  No |
| Salary expectation      per       | Date Available      |
| **WORK EXPERIENCE (Begin with most recent position)** |
| Employer (1) May we contact this employer [ ]  Yes [ ]  No      |
| Address      | City      | State      | Zip      |
| Telephone      |
| Job Title      | Supervisor      |
| Duties/Responsibilities       | Reason for Leaving      |
| Dates Employed From       To       | Salary or Rate of PayStarting       Final        |
| Employer (2) May we contact this employer [ ]  Yes [ ]  No      |
| Address      | City      | State      | Zip      |
| Telephone      |
| Job Title      | Supervisor      |
| Duties/Responsibilities       | Reason for Leaving      |
| Dates Employed From       To       | Salary or Rate of PayStarting       Final        |

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| Employer (3) May we contact this employer [ ]  Yes [ ]  No      |
| Address      | City      | State      | Zip      |
| Telephone      |
| Job Title      | Supervisor      |
| Duties/Responsibilities       | Reason for Leaving      |
| Dates Employed From       To       | Salary or Rate of PayStarting       Final        |

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

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| **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:       |

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| **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? [ ]  Yes [ ]  No | Expiration Date:       |
| **Have you ever been convicted of a crime (felony or misdemeanor) or have criminal charges pending?**  [ ]  No [ ]  Yes. **If Yes, please describe (1) nature of crime, (2) date of conviction, and (3) state in which convicted.**      *Note: Conviction of a crime does not constitute an automatic bar from employment with SSSF.* |
| How were you referred to this position?       |
| Do you have any relatives who are employed by this organization? [ ]  No [ ]  Yes, Please give name(s)       |
| If hired, can you provide written evidence that you are authorized to work in the U.S.A.? [ ]  Yes [ ]  No |
| Are you at least 18 years old? [ ]  Yes [ ]  No *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.* |
| Have you ever applied at SSSF before? [ ]  No [ ]  Yes. If yes, when?        | Have you ever worked at SSSF before? [ ]  No [ ]  Yes. If yes, when and what position?       |

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| **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

**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