



Application for Employment (Please print legibly)

The Sisters of St. Joseph is an equal employment opportunity, not-for-profit organization and will not engage in discriminatory practices against any person employed or seeking employment because of actual or perceived race, color, religion, marital status, national origin, ancestry, physical or mental disability, genetic characteristic, gender, sexual orientation, age, or veteran's status.

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #
City State ZIP Code

Phone: Email

Date available to start working: Desired Salary:\$

Position applied for:

Type of employment desired? Full-time Part-time Per-Diem

Are you legally eligible to work in the U.S.? Yes No

Have you ever worked for this company or any affiliated company? Yes No

If yes, when and where?

Do you have any relatives employed with the Sisters of St. Joseph? Yes No

If yes, what is the name of your relative?

How did you hear about this position?

Education

High School: Address:

Did you graduate? Yes No

College: Address:

Did you graduate? Yes No Degree/Major:

Other: Address:

Did you graduate? Yes No Degree/Major:

Present and or Previous Employment (s)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities:

From: _____ To: _____ # of hours worked per week: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities:

From: _____ To: _____ # of hours worked per week: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities:

From: _____ To: _____ # of hours worked per week: _____

May we contact your previous supervisor for a reference? Yes No

Licenses and Certificates

Licenses and Certificates	License Number	State	Expiration Date

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Sisters of St. Joseph unless I have indicated otherwise. I authorize the references listed above to prove to Sisters of St. Joseph all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from all liability for any damages that may result from furnishing such information to Sisters of St. Joseph as well as from the use of disclosure of such information by Sisters of St. Joseph or any of its agents, employees, or representatives.

If this application leads to employment, I understand that any misrepresentation, falsification, material omission or misleading information in my application or interview may result in my dismissal from employment.

Signature of Applicant: _____ Date: _____