

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____ Name_ First Middle Last Address Telephone Number(Cell Phone Number(City State Zip Code Phone If you cannot be reached at the above phone number, where may we contact you? Name of Person Are you a citizen of the United States, or national, a lawful permanent resident or alien authorized for employment? Yes_____ No___ EMPLOYMENT DESIRED Type of Work Desired Shift Salary Requirements First Choice: 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?__

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

How did you learn of this opening?_____

Туре	Organization or State Issued	Expiration Date	Number

EDUCATIONHighest Grade Completed

	Name of School		Location (City, State)		Diplon	Diploma, Degree or Certificate Received	
High School							
College							
Vocational or Business							
Have you ever been in th	e U.S. Armed Forces	s? Yes No					
Are you presently a mem	ber of the National C	Guard or Reserves?	Yes	No			
Have you ever plead guil	ty to, or been convic	eted of, any crime oth	ner than	a misd	emeanor or summary offense	? Yes	_ No
If yes, please explain:							
EMPLOYMENT REC	ORD (List last or p	resent position first)				
Present and Form	ner Employers	Dates Employed	Posit	tion	Duties	Salary	Reason for Leaving BE SPECIFIC
NameAddressSupervisor's NamePhone		From: To:					
NameAddressSupervisor's NamePhone		From: To:					
NameAddressSupervisor's NamePhone		From: To:					
NameAddressSupervisor's NamePhone		From: To:					
NameAddressSupervisor's NamePhone		From: To:					
In the past 10 years, plea	se explain any gaps i	in the above employi	ment red	cord:			
If your former employn please indicate below:	nent references, edu	cation or military s	ervice a	are und	ler a name other than indica	ited on froi	nt of this application,
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.

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 employmen	nt with you as a			for th	e period of
to We held in strict confidence.	would appreciate it	if you would verif	y this claim and fill ou	it the questionnaire	below. This information will be
neid in strict confidence.					
THANK YOU FOR YOUR ASSIST	TANCE!				
Personnel Department - St. Paul's					
Employed From	То				
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	e	
Would you re-employ? Yes	No				
If No, state reason:					
Reason for leaving your employmen	t?				
Other Comments:					
Information furnished by Title				Data	
Information furnished by: Title:				Date:	
For St. Paul's use only:					
Hire Date:					
Rate:					
Status:					
Department:					
Facility:					
Position:					
Active Date:					