



APPLICATION FORM

Date: _____

APPLICANT INFORMATION:

Name: _____
Last Name First Name Middle Name

Present Address: _____
Number/Street Apt#
City State Zip

Social Security #: _____ Email: _____

Home phone: _____ Cell phone: _____

How were you referred to the Sisters of the Presentation? _____

EMPLOYMENT DATA:

Position(s) applying for: _____

Do you want full-time or part-time employment: _____ Full-time _____ Part-time _____ PRN

Shift you can work: _____ Day _____ Evening _____ Night _____ Any Are you willing to work weekends? _____ Yes _____ No

Are you 16 years of age or older? _____ Yes _____ No If "no", please give birth date: _____ (A work permit is required.)

If hired, on what date can you start working: _____/_____/_____

Salary desired: \$ _____

Please list your qualifications for the position(s) for which you are applying: _____

PERSONAL INFORMATION:

Have you ever applied to/or worked for the Sisters of the Presentation before? _____ Yes _____ No

If yes, please explain (include position and dates): _____

Do you have any friends, relatives, or acquaintances working for the Sisters of the Presentation? _____ Yes _____ No

If yes, state name & relationship: _____

If hired, are you willing to submit to and pass a controlled substance test? _____ Yes _____ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? _____ Yes _____ No

If no, describe the functions that cannot be performed: _____

(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? _____ Yes _____ No

If yes, please describe the crime(s) - state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATIONAL EXPERIENCE

High School:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? ____ Yes ____ No

Degree/diploma earned: _____

College / University:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? ____ Yes ____ No

Degree/diploma earned: _____

Vocational School:

Name: _____

Address: _____

City, state, zip: _____

Number of years completed: _____

Did you graduate? ____ Yes ____ No

Degree/diploma? _____

Military:

Branch: _____ Rank in Military: _____ Total Years of Service: _____

Skills/duties: _____

Related details: _____

Post Graduate Courses: _____

Academic Accomplishments/Experiences: _____

WORK EXPERIENCES

List your work experience starting with your present or last job. *(*Required)*

<u>Dates Employed</u> From / To	<u>Name of Employer</u>	<u>Position</u>	<u>Salary</u>
1. _____	_____	_____	_____
	Name of Supervisor*: _____	Contact Information: _____	
	Reason for Leaving*: _____		
2. _____	_____	_____	_____
	Name of Supervisor*: _____	Contact Information: _____	
	Reason for Leaving*: _____		
3. _____	_____	_____	_____
	Name of Supervisor*: _____	Contact Information: _____	
	Reason for Leaving*: _____		

May we contact your present/former employer(s) at this time? ____ Yes ____ No

A resume is required as part of the application acceptance process. Please include a copy with this application.

REFERENCES

List below three persons not related to you, but who know something of your work experience.

Name	Phone	Years Acquainted	How you know this person
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

APPLICANT'S STATEMENT

I understand that any employment with the Sisters of the Presentation will be on a three-month provisional basis. If employed, I agree to follow the rules and regulations of the Employee Handbook or any that may be made by my department supervisor or the human resource director.

The above information is complete and true to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

I authorize the department supervisor and/or human resource director of the Sisters of the Presentation to contact my references.

Signature of Applicant

Date