



APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL INFORMATION

PLEASE PRINT USING PEN

FULL NAME	FIRST	MIDDLE	LAST	CELL PHONE
PRESENT ADDRESS	STREET		HOW LONG AT THIS ADDRESS	HOME TELEPHONE NUMBER
	CITY	STATE	ZIP	
PREVIOUS ADDRESS	STREET		HOW LONG AT THIS ADDRESS	EMAIL CONTACT INFORMATION
	CITY	STATE	ZIP	
How can we contact you?				
Are any of your relatives presently employed with the Franciscan Sisters of the Poor?				[] YES [] NO
If yes, Name of Relative _____				
Have you ever worked for the Franciscan Sisters of the Poor before?				[] YES [] NO
Have you ever applied with us for a job before?				[] YES [] NO
If yes, approximately when did you apply? _____				
How did you find out about this position? Referred by: _____				

GENERAL INFORMATION

If you are under 18 years old, please state your age: _____	IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? [] YES [] NO
Upon employment, can you provide written evidence that you are authorized to work in the United States? [] YES [] NO	
Have you ever been CONVICTED of a crime other than a minor traffic infraction? [] YES [] NO	
(A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. FACTORS SUCH AS JOB RELATEDNESS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS, NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) If yes, please explain:	
Have you ever been discharged from employment or had to resign? [] YES [] NO	
If yes, please explain:	

PLEASE COMPLETE SCHEDULE AVAILABILITY:

☐ I am available and desire to work FULL-TIME (35-40 hours) and do not have restrictions on my hours and days.

☐ I am available and desire to work PART-TIME (If less than 34 hours a week, please complete Sections A & B).

A. I am only available for PART-TIME because: ☐ Student ☐ Other Job ☐ Other

B. HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.
TO	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.

NOTE: Work schedules are based on the needs of the organization.

WAGE EXPECTED	DATE AVAILABLE TO START WORK?
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EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
	NAME OF COMPANY			\$			DESCRIBE YOUR JOB DUTIES
	ADDRESS	TO		ENDING SALARY			
		MO.	YR.				
CITY, STATE, ZIP			\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.	TYPE OF BUSINESS						
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
	NAME OF COMPANY			\$			DESCRIBE YOUR JOB DUTIES
	ADDRESS	TO		ENDING SALARY			
		MO.	YR.				
CITY, STATE, ZIP			\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.	TYPE OF BUSINESS						
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
	NAME OF COMPANY			\$			DESCRIBE YOUR JOB DUTIES
	ADDRESS	TO		ENDING SALARY			
		MO.	YR.				
CITY, STATE, ZIP			\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.	TYPE OF BUSINESS						
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION TYPE OF SCHOOL	NAME AND LOCATION OF THE SCHOOL OR COLLEGE	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL		9 10 11 12	[] YES [] NO	
COLLEGE		1 2 3 4	[] YES [] NO	
COLLEGE		1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL		1 2 3 4	[] YES [] NO	
BUSINESS TRADE/OTHER		1 2 3 4	[] YES [] NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service training or education which you would like considered in connection with your application for employment.

Military Training/Education:

Other

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this organization. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with this organization?

[] YES [] NO If yes, please explain:

REFERENCES (One may be a personal reference from the three required.)

1	NAME	OCCUPATION	BUSINESS PHONE
	HOME ADDRESS	HOME PHONE	TITLE RELATIONSHIP
	CITY AND STATE	ZIP	HOW LONG KNOWN
2	NAME	OCCUPATION	BUSINESS PHONE
	HOME ADDRESS	HOME PHONE	TITLE RELATIONSHIP
	CITY AND STATE	ZIP	HOW LONG KNOWN
3	NAME	OCCUPATION	BUSINESS PHONE

HOME ADDRESS	HOME PHONE	TITLE RELATIONSHIP
CITY AND STATE	ZIP	HOW LONG KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the Franciscan Sisters of the Poor to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, sexual orientation, genetic information, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an inquiry. I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews.

I understand that the employer follows an "employment at will" policy in that I or the employer may terminate my employment at any time or for any reason consistent with applicable state or federal laws; this "employment at will" policy cannot be changed verbally or in writing unless the change is specifically authorized in writing by the President of this organization. I understand that this application is not a contract for employment.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

If hired, I agree to abide by the Franciscan Sisters of the Poor mission and values and organizational policies, rules and regulations. I understand that the organization and Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____

DATE _____

Interviewed by _____

Date _____

Form 01 July 13, 2015 – New Letterhead