



Society of St. Vincent de Paul Application for Employment

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Current Address _____ City _____ State _____ Zip _____

Phone _____ Email (optional) _____ How long at this address? _____
If no phone, how may we contact you? _____

Previous Address _____ City _____ State _____ Zip _____

How long at this address? _____

Are any of your relatives presently employed with the Society? Yes No

If yes, name of relative _____

Have you ever worked for the Society before? Yes No

If yes, where? _____ Approximate date (month/year) _____

Have you ever applied to the Society before? Yes No

If yes, where? _____ Approximate date (month/year) _____

How were you referred to the Society? _____

General Information

If you are under the age of 18, please state your age _____

If you are under the age of 18, can you supply working papers? Yes No

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Upon being employed by the Society, can you provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes No

If yes, please explain _____

Note: A conviction record will not necessarily be a bar to employment. Factors such as job relevance, age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Have you ever been discharged from any employment or asked to resign? Yes No

If yes, please explain _____

Wage expected _____ Date available for work _____



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Schedule Availability

- I am available and desire to work FULL-TIME (40 hours per week).
- I am available and desire to work PART-TIME (less than 35 hours per week).
- I am applying for a part-time, temporary seasonal position. If accepted for the position, the final day of work will be _____.

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

Note: Work schedules are based on the needs of the business and may be subject to change on a weekly basis.

Education/Experience

	Elementary School	High School	Technical School	College	Other
School Name and Location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree		Yes No	Yes No	Yes No	
Major Course(s) of Study					

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes No

If yes, please explain _____

List academic honors, extracurricular activities, offices held, etc. in high school or college (Omit any which reflect your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

List any professional, trade, business or civic organizations that you belong to and that are relevant to the position for which you are applying. Include offices held and omit any which reflect your race, color, religion, age, sex, sexual orientation, marital status or disabilities.



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Employment History

Start with your current or most recent employment. Include U.S. Military experience.
Use an additional sheet of paper if more space is necessary.

Name of Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name & Title _____ Starting Pay Rate _____ Final Pay Rate _____

Dates Employed From _____ To _____ Reason for Leaving _____

Describe the work performed _____

May we contact this employer? Yes No

If no, please explain: _____

Explain any period between jobs _____

Name of Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name & Title _____ Starting Pay Rate _____ Final Pay Rate _____

Dates Employed From _____ To _____ Reason for Leaving _____

Describe the work performed _____

May we contact this employer? Yes No

If no, please explain: _____

Explain any period between jobs _____

Name of Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name & Title _____ Starting Pay Rate _____ Final Pay Rate _____

Dates Employed From _____ To _____ Reason for Leaving _____

Describe the work performed _____

May we contact this employer? Yes No

If no, please explain: _____

Explain any period between jobs _____



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References

Please list three persons who are not related to you who can provide an employment reference.

	Name	Address	Phone	Relationship/Occupation	Years Known
1					
2					
3					

Applicant's Certification and Agreement

Please read and sign below.

It is the policy of the Society of St. Vincent de Paul to afford equal opportunity to all employees and applicants for employment without regard to race, color, gender, national origin, age, religion, disability, sexual preference, or any other characteristic protected by law 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 hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Society of St. Vincent de Paul to verify their accuracy and to obtain reference information on my work performance. I hereby release the Society of St. Vincent de Paul from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application or in my interview(s) shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Society of St. Vincent de Paul. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and is at will, and that either the Society of St. Vincent de Paul or I may terminate my employment at any time with or without notice or cause.

Signature of Applicant

Date

FOR MANAGEMENT USE ONLY

Position Filled by: _____ Date Filled: _____

Start Date: _____ Wage: _____ per hour/week/month/year (circle one)

Position Title: _____ Location: _____

FLSA Status: Exempt Non-Exempt Full-Time Part-Time