

APPLICATION FOR EMPLOYMENT

St Vincent de Paul Kenosha is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information.

Name: Address:	Date:			
City: State		DI .		
APPLICANT QUESTIONS:		Phone:		
Type of worked desired:	Salary desired:	Date Available:		
If hired, can you provide documents required	d to establish your eligibility to		No	
Are you 18 years of age or older?		Yes	No	
EDUCATION:		103	No	
High School or last grade completed:				
Course of Study:		Number of years completed:		
Degree/Dinloma:	Numbe			
College or Technical School				
Name & Address of School:				
Course of Study.		of years completed:		
Degree/Diploma:				
Other Schooling or Training				
Name & Address of School:				
Course of Study				
Degree/Diploma:		or yours completed.		
MILITARY EXPERIENCE:				
Branch of Service:				
Rank/Type of Service:				
Job-Related Training/Experience:				

RECORD OF EMPLOYMENT: List positions starting with most recent: THE MOST POOPLY. Employer: _____ Telephone: ____ Address: Position Title: _____ Supervisor: ____ Start Date: _____ Date Left: ____ Beginning Salary: _____ Ending Salary: ____ Duties: Reason for Leaving: Employer: _____ Telephone: Address: Position Title: Supervisor: Start Date: ____ Date Left: Beginning Salary: _____ Ending Salary: ____ Duties: Reason for Leaving: Employer: Telephone: Address: Position Title: Supervisor: Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____ Duties: Reason for Leaving: WORK-RELATED REFERENCES: (Do not include relatives) Name Occupation Contact Information STATEMENT (Please read this statement carefully before signing this application): I understand that employment with St Vincent de Paul Kenosha is at-will, meaning that I or St Vincent de Paul Kenosha may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I authorize St Vincent de Paul Kenosha to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to Signature of Applicant: _____ Date Signed: ____