



**ST. JOSEPH'S HOME OF SPRINGFIELD
APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION:

DATE: _____

Name: _____
(Last) (First) (MI) Social Security Number

Address: _____
(Street) (City) (State) (Zip)

Home Phone:(_____) _____ Cell Phone:(_____) _____

Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes _____ No _____
If you are offered employment, you will be required, by federal law, to furnish documents showing you are either a U.S. citizen or an authorized alien.

Are you 18 years of age or older? Yes _____ No _____

Have you ever been convicted of or plead guilty to a felony or misdemeanor? Yes _____ No _____

If yes, please give date(s) and explain: _____

APPLICANTS ARE NOT REQUIRED TO DISCLOSE CONVICTIONS LAWFULLY SEALED OR EXPUNGED.

Have you ever been employed by St. Joseph's Home of Springfield before? Yes _____ No _____

POSITION DESIRED AND AVAILABILITY:

Position desired: _____ Date Available: _____

Availability: Full time _____ Part Time _____ Hourly Salary Desired: _____

What shifts are you willing to work? (check all that apply) Days _____ Evenings _____ Nights _____

What days are you willing to work? (check all that apply) Saturday _____ Sunday _____ Monday _____

Tuesday _____ Wednesday _____ Thursday _____ Friday _____

St. Joseph's Home of Springfield is an Equal Opportunity Employer in compliance with the laws prohibiting discrimination on the basis of race, religion, color, national origin, ancestry, disability, age, sex, gender, sexual orientation, citizenship, marital status, genetic conditions and related information, military service, or any other unlawful basis. If you need accommodation to participate in the application/employment process, please ask the office staff to contact the payroll office.

How were you referred to St. Joseph's Home of Springfield? _____

Why are you interested in employment at St. Joseph's Home of Springfield? _____

EDUCATION:

School:	Name & Location:	Years Completed:	Major:	Degree/ Diploma?
High School:				
College:				
Other (Specify):				

EMPLOYMENT HISTORY:

Have you ever been terminated from employment or asked to resign by an employer? Yes _____ No _____

If yes, please explain: _____

If presently employed, may we contact your present employer? Yes _____ No _____

Please list your employment history for at least the last five years beginning with your most recent employer. You may continue on the back, if needed.

Company Name: _____ Business Type: _____

Address: _____ Phone: (_____) _____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____

Starting Salary: _____ Ending Salary: _____

Name of Supervisor: _____ Position: _____

Duties: _____

Reason for Leaving: _____

Company Name: _____ Business Type: _____

Address: _____ Phone: (_____) _____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____

Starting Salary: _____ Ending Salary: _____

Name of Supervisor: _____ Position: _____

Duties: _____

Reason for Leaving: _____

Company Name: _____ Business Type: _____

Address: _____ Phone: (_____) _____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____

Starting Salary: _____ Ending Salary: _____

Name of Supervisor: _____ Position: _____

Duties: _____

Reason for Leaving: _____

Company Name: _____ Business Type: _____

Address: _____ Phone: (_____) _____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____

Starting Salary: _____ Ending Salary: _____

Name of Supervisor: _____ Position: _____

Duties: _____

Reason for Leaving: _____

REFERENCES: (Do not list relatives or previous employers.)

Name: _____ Phone: (_____) _____

Address: _____

Occupation: _____ Years Known: _____

Name: _____ Phone: (_____) _____

Address: _____

Occupation: _____ Years Known: _____

Name: _____ Phone: (_____) _____

Address: _____

Occupation: _____ Years Known: _____

PLEASE READ CAREFULLY AND ACKNOWLEDGE:

I understand that if employment is offered to me, it will be conditioned upon satisfactorily passing a physical examination including a drug test. I also understand that if employment is offered to me that I will be subject to a criminal background check as a condition of employment.

I understand and acknowledge that if I become an employee of St. Joseph's Home of Springfield, it will be at-will, which means that either I or the employer may terminate my employment at any time and for any reason with or without notice. I also understand that no one at St. Joseph's Home of Springfield has the authority to enter into any agreement contrary to the preceding sentence except for the Administrator who must sign a written agreement explicitly stating that the employment is other than at-will. I further understand and agree that this application for employment is not a contract of employment.

I hereby authorize any person or institution that I have listed on this application to supply St. Joseph's Home of Springfield with information concerning my background as it relates to my consideration for employment. I hereby release all parties, including but not limited to St. Joseph's Home of Springfield and my present and prior employers, from any and all liability for any damage that may result from their furnishing information concerning me to St. Joseph's Home of Springfield.

I hereby affirm that the information contained in this application (and resume, if any) is accurate and complete and I understand that any false or misleading information or omissions will disqualify me from employment consideration or result in termination of my employment if I am hired, regardless of when discovered.

Signature: _____ Date: _____

NOTE: St. Joseph's Home of Springfield will keep this application on file for twelve months. After that time, the applicant may re-apply.

PLEASE DO NOT CALL ST. JOSEPH'S HOME OF SPRINGFIELD ABOUT THE STATUS OF THIS APPLICATION. YOU WILL BE CONTACTED IF MORE INFORMATION IS DESIRED.

NEW EMPLOYEE REFERRAL FORM

This form is to be used and completed when you have been referred by someone employed by St. Joseph's Home. **This is to be done at the time of application.**

Please complete and have *the receptionist* turn it in to the Payroll Clerk. Thank you.

APPLICANT'S NAME: _____

Department to which you are applying: _____

REFERRING EMPLOYEE: _____

Today's Date: _____

OFFICE USE ONLY

CHECK STUBS TO BE ATTACHED

Date Turned In: _____

Date Hired: _____

Date 1st Bonus Check is Due: _____

Date 2nd Bonus Check is Due: _____