ST. VINCENT DE PAUL
ASSISTANCE • SHELTER • HOPE

St. Vincent de Paul
Job Interest Form

Thank you for coming in to St. Vincent de Paul to express your interest in securing a position with our agency. Please understand that this document does not constitute a formal application for employment with St. Vincent de Paul. Any future contact will be based on our need for your expressed skills and/or experience. St. Vincent de Paul is an equal opportunity employer. Please answer all questions completely and accurately.

Name (Last, First, Middle)	Day Phone # & Night Phone #	Current Date

Present Address (Street, City, State, Zip Code)

Are you currently legally eligible (by reason of citizenship or legal alien status) for employment in the United States? ☐ Yes ☐ No

Is your residency in the U.S. based on a student visa? ☐ Yes ☐ No (Proof of citizenship or immigration status will be required upon employment)

Will you require employer sponsorship in order to remain eligible for work in the United States? (Applicants must be presently authorized to work in the United States on a full-time basis.) ☐ Yes ☐ No

If you are under 18 years of age, do you have a work permit? ☐ Yes ☐ No ☐ Not under the age of 18

Social Security Number	How were you referred to St. Vincent de Paul?

Are you related to or friends with anyone at St. Vincent de Paul ☐ Yes ☐ No	If yes, provide persons name and relationship to you

Have you ever been employed by St. Vincent de Paul? ☐ Yes ☐ No

Dates of your employment? Position(s) Held?

Please write the position name or "type" of position you are interested in.

Qualifications for Position

Education (check all that apply):

☐ High School Diploma ☐ Some College ☐ Other:

☐ College Degree - Specify Major:

Are you currently enrolled in school? ☐ Yes ☐ No

Please check the skills you have that could qualify you for this position.

☐ Drug & Alcohol Treatment ☐ Group Facilitation ☐ Crisis Intervention ☐ Other:

Please check any active professional licenses or certificates that you have earned that will help you perform this position:

☐ LSW ☐ LISW ☐ LPC ☐ LPCC ☐ CCDC Level I Level II Level IIII ☐ EMDR Certificate Level I Level III ☐ First Aid / CPR Certificate

☐ Other:

Are you currently employed?

☐ Yes ☐ No If yes, please provide position title:

Total # of years of experience in the field

Please list all relavent work experience for the position you are interested in.

Description of duties	Number of Years experience	Location / Employer

OVER

Do you have a valid driver's license?

☐ Yes ☐ No If yes, state of issuance: Driver's license #:

Do you have a vehicle that could get you to multiple worksites during the work day?

☐ Yes ☐ No

Have you ever been suspended, placed on probation, asked to resign, discharged or terminated from work?

☐ Yes ☐ No If yes, please explain.

Have you ever been convicted of a crime?

☐ Yes ☐ No If yes, please explain and provide the date.

Available Employment Date	How many hours per week do you prefer?	Would you be willing to work additional hours? ☐ Yes ☐ No

Are there any limitations on your working hours? ☐ Yes ☐ No

If yes, please explain

Are you available to work:

NIGHTS ☐ Yes ☐ No ON-CALL ☐ Yes ☐ No SATURDAY ☐ Yes ☐ No SUNDAY ☐ Yes ☐ No

PLEASE ATTACH A RESUME IF YOU HAVE ONE.

Please do not make follow-up phone calls relative to the status of this Interest Form. We will contact you within 20-30 days following the date the form was submitted if we have an interest in your skills based on existing vacant positions.

Signature of individual completing this form

Email Adress

Date