



ST. VINCENT DE PAUL
ASSISTANCE • SHELTER • HOPE

Society of St. Vincent de Paul

Employment Application

It is the policy of St. Vincent de Paul to provide a harassment-free and equal employment opportunity work environment for all applicants and employees. St. Vincent de Paul is committed to complying with all applicable federal, state and local regulations which provide protection from discrimination for various groups of applicants and employees.

St. Vincent de Paul maintains a Code of Ethics and specific policies regarding employee and applicant honesty, performance, conduct and attendance. Additionally, St. Vincent de Paul reserves the right to investigate any suspected unethical or illegal activities and any violation of the policies including, but not limited to, misappropriation of funds, falsification of records, the use, sale or possession of alcohol or drugs while working or working under the influence of drugs or alcohol, unexcused absences, and the like. Violations of the policies will result in disciplinary actions by St. Vincent de Paul, which could include termination and prosecution. THE EMPLOYMENT RELATIONSHIP AT ST. VINCENT DE PAUL IS AT WILL, AND EMPLOYMENT CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE AT THE OPTION OF EITHER THE EMPLOYER OR THE EMPLOYEE. Questions about these policies may be addressed to Workforce Directions, Inc. Please answer all questions completely and accurately. Incomplete applications may be rejected.

Name (Last, First, Middle)		Home / Business Phone	Current Date
Present Address (Street, City, State, Zip Code)			
If you have lived at the above address for less than six months, list your previous address			
Are you currently legally eligible (by reason of citizenship or legal alien status) for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your residency in the U.S. based on a student visa? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security Number	Have you ever worked under a different last name than currently used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, provide name: _____		
If you are under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied for employment at St. Vincent de Paul? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
Have you ever been employed by St. Vincent de Paul? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give dates of employment	Position(s) Held?
Are you related to anyone at St. Vincent de Paul? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give name	Relationship to you
How were you referred to St. Vincent de Paul?			
Have you ever been convicted of a criminal offense, or participated in a pre-trial deferral or diversion program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Falsification, misrepresentation and/or omission of criminal conviction is grounds for refusal to hire, or if hired, for dismissal. (Note: A conviction does not automatically disqualify an applicant from employment. The date, nature and seriousness of the offense will be considered.) If answer is yes, indicate date(s) of conviction and the type(s) of offense(s); include those matters for which you may have plead guilty, no contest, or participated in a pre-trial diversion program.			
Should you have a criminal conviction or a pending charge, St. Vincent de Paul may be required to suspend or terminate your employment. Additionally, St. Vincent de Paul requires background investigations regarding criminal records of our employees. If you have any concerns with regard to these matters, our preference is to discuss them prior to employment. Omission of information deemed material by St. Vincent de Paul will be considered a willful misstatement and may be grounds for immediate termination of the application process, or of employment by St. Vincent de Paul.			

Position Applied For	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Limited Term - less than 1,000 hours			
	INDICATE HOURS YOU ARE AVAILABLE TO WORK M () T () W () TH () F () SA () SU ()			
Salary Requirements (please specify)	Available Employment Date		How many hours per week do you prefer?	
Would you be willing to work additional hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any limitations on your working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain			
Are you aware of any circumstances, legal or otherwise, excluding medical conditions, which may limit the length of your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain				
Will you work: NIGHTS <input type="checkbox"/> Yes <input type="checkbox"/> No SATURDAY <input type="checkbox"/> Yes <input type="checkbox"/> No SUNDAY <input type="checkbox"/> Yes <input type="checkbox"/> No HOLIDAYS <input type="checkbox"/> Yes <input type="checkbox"/> No				

High School Name	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (Street, City, State, Zip Code)	Course of Study		
College Attended	Attended: from to	Overall GPA	Major GPA
Address (Street, City, State, Zip Code)	Name of Degree	Date Degree Obtained	
College Attended	Attended: from to	Overall GPA	Major GPA
Address (Street, City, State, Zip Code)	Name of Degree	Date Degree Obtained	
College Attended	Attended: from to	Overall GPA	Major GPA
Address (Street, City, State, Zip Code)	Name of Degree	Date Degree Obtained	

Extracurricular activities: (You may exclude any organization in which the name or character of the organization indicates the race, color, religion, national origin, sex, veteran status, ancestry, age, disability, marital status, or any other classification protected by federal, state or local law.)

Honors and achievements:

List any courses taken that may be applicable to the position for which you are applying:

Use the space provided to list additional interests, skills, or qualifications that you possess that you feel qualify you for the position for which you are applying.

Check All Applicable Skills	Number of Years Used	Check All Applicable Skills	Number of Years Used
<input type="checkbox"/> Typing WPM _____		<input type="checkbox"/> 10 - key Calculator KSPH _____	
<input type="checkbox"/> Cashier/Money Handling		Second Language: _____ <input type="checkbox"/> Speak (fluent) _____ <input type="checkbox"/> Write (fluent) _____	
<input type="checkbox"/> Collections		<input type="checkbox"/> Data Entry Operator	
<input type="checkbox"/> Machine Equipment Operator Types: _____		<input type="checkbox"/> PC Software: Word Processing _____ Spreadsheet _____ Database _____ Graphics _____ Other _____	
<input type="checkbox"/> Supervisor # of people _____		<input type="checkbox"/> Manager # of people _____	

Please list all jobs held within the last ten (10) years, beginning with your present or most recent job. Include all self-employment, voluntary work, military work experience, summer and part-time jobs. PLEASE ASK FOR ADDITIONAL SHEETS, IF NECESSARY.

Employer		Type of business		Telephone #	
Address (Street, City, State, Zip Code)				From (MM/YY)	To (MM/YY)
Salary: beginning	ending	Title of position:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor	
Description of work					
Reason for leaving					
If this employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)					
Were you involuntarily terminated from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Reason for leaving					
If this employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)					
Were you involuntarily terminated from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been suspended or placed on probation for attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____					
Do you have any part-time or full-time jobs that you would expect to continue during your employment here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____					
ONLY FOR THOSE APPLYING FOR A POSITION INVOLVING DRIVING: Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No State of issuance: _____ Driver's license #: _____					

REFERENCES

Personal References: Names of Non-Relatives who can provide Professional and/or Character References

Name	Address	Telephone Number	Occupation	Years Known

CERTIFICATION

Please read carefully. If you have any questions regarding this statement, please discuss them with your Manager before signing:

"In the event of my employment, I agree to conform to the policies and any other rules and regulations of St. Vincent de Paul and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by St. Vincent de Paul at any time, at St. Vincent de Paul's sole option and without prior notice to me. I understand that this application will be given every consideration but its receipt does not imply that I will be employed. I understand that this employment application and any other St. Vincent de Paul documents are not contracts for employment, and that my employment will be employment at will and can be terminated at any time, with or without cause or notice, at the option of either St. Vincent de Paul or myself. If hired, I understand that no modification or alteration of my employment at will status shall be valid or binding, unless it is expressly set forth in a written document by the Executive Director."

Initials

"I understand that St. Vincent de Paul may require me to undergo a drug test by medical staff and/or agent selected by St. Vincent de Paul as a condition of my employment and/or continued employment. I consent to the release of my drug test results to St. Vincent de Paul. I further understand that I must successfully pass the drug test to be considered for employment with St. Vincent de Paul. I understand that medical examinations which are job-related and consistent with St. Vincent de Paul business necessity may be required of me once I am employed. I further release St. Vincent de Paul, including all its officers, agents, representatives and employees from any and all claims, suits, causes of action, liabilities and damages associated with or arising from my submission to a drug test and/or medical examination."

Initials

"I understand that St. Vincent de Paul may require me to undergo fingerprinting in order to verify any criminal convictions I may have or any pre-trial deferral or diversion programs I may have participated in."

Initials

"I understand that St. Vincent de Paul may maintain a restricted smoking environment."

Initials

"I understand that this application will remain open, for the JOB FOR WHICH I HAVE APPLIED, for a sixty (60) day period."

Initials

"I certify that the information in this application is correct and complete. I understand that if offered employment, my employment is contingent on completing all aspects of the pre-employment and reference checking processes."

Initials

Applicant's Signature

Email Address

Date