



# EMPLOYMENT APPLICATION

PLEASE READ BEFORE FILLING OUT THIS APPLICATION: The information contained in this application will be used to evaluate your training and experience for particular job openings. Please be specific and detailed in your answers. If you have a resume, it can be submitted in addition to this application. However, do not indicate "see resume" instead of writing in the information requested on any section of this application. Falsification of information will be grounds for rejection of application or termination of employment. Print in black ink or type. Proud to be an Equal Opportunity Employer.

**NAME** \_\_\_\_\_  
Last First Middle Social Security Number

**ADDRESS** \_\_\_\_\_  
Number and Street City State and Zip

**TELEPHONE WHERE YOU MAY BE CONTACTED:** \_\_\_\_\_  
Daytime Evening

**DO NOT WRITE IN THIS SPACE**

Department \_\_\_\_\_

Position \_\_\_\_\_

Starting Date \_\_\_\_\_

Shift \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_

Base \$ \_\_\_\_\_

New  Rehire  Last Term Date \_\_\_\_\_

FT  PT  PRN  TEMP

Hours Scheduled (Attach Requisition) \_\_\_\_\_

Approved \_\_\_\_\_  
Division Director/Leadership Team Member Date

Position applied for: \_\_\_\_\_ How much work experience do you have in this occupation that can be verified through a reference check or through records that you will provide? Be specific in terms of full and partial years. \_\_\_\_\_

Are you applying for a posted opening?  Yes  No How did you learn that the job was available? \_\_\_\_\_

Are you applying for:  Full-Time  Part-Time  PRN (as needed)

What shifts will you work?  Days  Evenings  Nights Circle days of week that you **CANNOT** work: SUN M T W TH F SAT

Do you have the legal right to work in the USA?  Yes  No Are you under 18 years of age?  Yes  No

## EMPLOYMENT EXPERIENCE

Enter all positions, most recent experience first. Give a complete description of work performed. This information will be used to determine your qualifications. Attach additional sheet(s) if necessary.

COMPANY	FROM		TO		TITLE AND DUTIES	LAST SALARY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
	MO	YR	MO	YR				
Name _____ Address _____ City & State _____ Phone _____								
Name _____ Address _____ City & State _____ Phone _____								
Name _____ Address _____ City & State _____ Phone _____								

If you are now employed, why do you want to change your position? \_\_\_\_\_

If you are now employed, may we contact your present employer?  Yes  No

**EDUCATION AND TRAINING**

Circle last year completed:

Grade, Trade or High School 1 2 3 4 5 6 7 8 9 10 11 12

Technical, Business School, College 1 2 3 4 5

Graduate School 1 2 3 4 5

LOCATION	ATTENDED				DID YOU GRADUATE?	DEGREE RECEIVED	SUBJECT OF SPECIALIZATION
	FROM		TO				
	MO	YR	MO	YR			
High School							
College							
College							
Business or Trade School							

**UNEMPLOYMENT RECORD**

Account for all periods of unemployment of one (1) month or more since you left school until the present time.

FROM	TO	WHAT WERE YOU DOING DURING THIS TIME?
MO YR	MO YR	

Have you ever applied for work at this location in the past?  Yes  No When? \_\_\_\_\_

Have you ever been employed at any other Holy Cross location?  Yes  No When? \_\_\_\_\_

Under what name? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Do you have relatives working here?  Yes  No

If yes, give name(s) and department(s) \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested or convicted of a crime that has not been expunged by a court?  
 If yes, list date, charge, place, court, and action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A prior conviction does not necessarily mean that you cannot be employed.  
 All circumstances will be considered.

**EMPLOYMENT AGREEMENT**

**PLEASE READ THE FOLLOWING BEFORE SIGNING**

My signature on this application indicates that I understand and agree to the following conditions:

- All statements I have made on this application are true and complete to the best of my knowledge and I have withheld no information which would unfavorably affect my application.
- I authorize all references/employers indicated in this application (and accompanying resume, if provided) to furnish any and all information they may have, personal or otherwise, to facilitate an employment decision. I do hereby release and discharge any and all such parties involved, from any and all claims that I may have now or in the future arising out of the release or use of said information.
- My employer reserves the right to verify the criminal records information I have provided through appropriate local, state or federal law enforcement agencies.

I also understand that any false statement or failure to provide requested information on this application may be grounds for not hiring me or for dismissal after I begin work. In addition, if accepted for employment, I agree to abide by the rules and policies of my employer.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date Signed

Thank you for completing this application and for your interest in employment with us.



## Sisters of the Holy Cross, Inc. EMPLOYMENT APPLICATION ADDENDUM

### PREVIOUS ADDRESSES

Please list all previous addresses for the past seven years, if different from current address. Use back or attached paper for additional addresses, if necessary.

Number and Street	City	State and Zip
Number and Street	City	State and Zip
Number and Street	City	State and Zip
Number and Street	City	State and Zip
Number and Street	City	State and Zip
Number and Street	City	State and Zip
Number and Street	City	State and Zip

### VOLUNTEER EXPERIENCE

Please list any volunteer experience with other organizations.

ORGANIZATION	DATES	DUTIES	CONTACT NAME AND PHONE

Have you ever been asked to leave or end your membership in a volunteer, civic or nonprofit organization?  Yes  No

If yes, please explain \_\_\_\_\_