



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 6

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 convicted of a crime? (Exclude minor traffic violations.) Yes No

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.

<i>Number and Street</i>	<i>City</i>	<i>State and Zip</i>
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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 _____