



Application for Employment

Please print clearly on this Employment Application. The Sisters of St. Francis is an equal opportunity employer and does not discriminate in employment with regard to race, color, religion, national origin, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status, or any other characteristic protected by law.

status, physical or mental disability, mi	ilitary status, or any other c	characteristic protected by law	/.
APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	TODAY'S DATE
MAILING ADDRESS			
HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
Have you worked here before?	Yes □ or No □	If so, when?	
Are you 18 or older?	Yes □ or No □	Are you a U.S. citizen?	Yes □ or No □
Military service?	Yes □ or No □	If yes, which branch?	
	1		
POSITION AVAILABLE			
What position are you applying for?			
How did you learn of the available position?			
EMPLOYMENT TYPE DESIRED	HOURLY RATE DESIRED	SALARY DESIRED	AVAILABLE START DATE
☐ Full-time ☐ Part-time ☐ Occasional ☐ Temporary ☐ Days ☐ Evenings ☐ Nights			
· · · g · · · ·			
EDUCATION			
SCHOOL NAME	LOCATION	YEARS ATTENDED	MAJOR & DEGREE EARNED

Name of License or	Certification	License Number	Expiration Date			
OTHER / APPLICABLE TRAINING/ SKILLS/ QUALIFICATIONS						
REFERENCES: References should <u>not</u> be friends or relatives but should be people you worked with such as a manager or supervisor.						
NAME	COMPANY & POSITION	RELATIONSHIP	PHONE			
EMPLOYMENT HISTORY						
LIMI ESTMENT MISTORT	Present or L	ast Employer				
EMPLOYER NAME	POSITION HELD	START DATE	END DATE			
MAILING ADDRESS						
SUPERVISOR NAME	PHONE	EMAIL ADDRESS				
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT?	REASON FOR LEAVING			
		Yes □ or No □				
		Employer				
EMPLOYER NAME	POSITION HELD	START DATE	END DATE			
MAILING ADDRESS						
SUPERVISOR NAME	PHONE	EMAIL ADDRESS				
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING			
		Yes □ or No □				

Previous Employer						
EMPLOYER NAME	POSITION HELD	START DATE	END DATE			
MAILING ADDRESS			<u>'</u>			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS				
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING			
		Yes □ or No □				
	Previous	Employer				
EMPLOYER NAME	POSITION HELD	START DATE	END DATE			
MAILING ADDRESS						
SUPERVISOR NAME	PHONE	EMAIL ADDRESS				
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING			
		Yes □ or No □				
information necessary to describe Please explain any breaks in em		osition to which you are apply				

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

In exchange for the consideration of my job application by the Sisters of St. Francis of Philadelphia, herein referred to as SOSF, I agree to the following:

All candidates must provide proof of U.S. citizenship or authorization to work in the U.S. in accordance with the Immigration Reform and Control Act of 1986.

We reserve the right to test any job candidate for the presence of illegal drugs or alcohol as a condition of employment, or at any time after hire if management has cause to believe that the employee is working under the influence of these substances.

As a not-for-profit religious organization, the Sisters of St. Francis of Philadelphia are exempt from participating in Unemployment Compensation.

Nothing contained in any of our materials or any information distributed by the Sisters of St. Francis creates a contract of employment between an employee and the SOSF. Employment is on an at-will basis. This means that an employee is free to resign from employment at any time for any reason and the SOSF retains the same right for terminating employment. No statements to the contrary, written or verbal, made either before or during an individual's employment can change this. I also understand that the organization may change or revise its employee benefits, policies, or procedures at any time.

I also understand that my employment with the SOSF will be probationary for 90 days for clerical, service, support, and clinical positions and 180 days for professional, technical, administrative, and management positions. At any time during the introductory period or thereafter, my employment relationship with the SOSF is terminable at will for any reason by either party.

By signing below, I authorize all entities having information about me, including past and present employers (unless otherwise indicated), criminal justice agencies, department of motor vehicles, schools, and credit reporting agencies to release such information to the Human Resources representative of the Sisters of St. Francis of Philadelphia. Upon written request from me, as required by the Fair Credit Reporting Act, the organization will provide me with additional information concerning the nature and scope of any such report requested. This release will remain valid and in effect during the term of my employment. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

I certify that the information provided is accurate and correct to the best of my knowledge and, any misrepresentation or omission of facts on this Employment Application is sufficient to cause for rejection or dismissal of employment at any time without previous notice.

SIGNATURE			
PRINTED NAME	SIGNATURE	DATE	