

School Sisters of Notre Dame

MANKATO PROVINCE

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resource department. All applicants hired will complete a criminal background check.

NAME _____ SS# _____
LAST FIRST M OTHER/MAIDEN

ADDRESS _____
STREET CITY ST ZIP

TELEPHONE (____) _____

POSITION(S) APPLIED FOR: _____

DATE YOU CAN START _____

ARE YOU 18 YEARS OR OLDER? YES NO

CHECK ALL PREFERENCES:			
___ FULL-TIME	___ PART-TIME	___ ON-CALL	___ TEMP
___ DAY	___ EVENINGS	___ NIGHTS	___ ANY
___ WEEKDAYS	___ WEEKENDS	___ HOLIDAYS	

ARE YOU LEGALLY ELIGIBLE TO WORK IN THIS COUNTRY? YES NO (PROOF WILL BE REQUIRED UPON HIRE)

HAVE YOU EVER BEEN EMPLOYED AT S.S.N.D.? YES NO IF YES, WHEN? _____ DEPT? _____

REFERRAL SOURCE? WALK IN PAPER RELATIVE JOB SERVICE OTHER: _____

ARE YOU ON LAYOFF AND SUBJECT TO RECALL? YES NO

EDUCATION	NAME OF SCHOOL	CITY, STATE	# OF YEARS	GRADUATE? DEGREE
HIGH SCHOOL				
VOCATIONAL				
COLLEGE				
OTHER				

CERTIFICATIONS/LICENSES _____

SPECIAL SKILL/AWARDS _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ NATIONAL GUARD/RESERVES _____

OTHER EDUCATION _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN _____
 (SUCH CONVICTION MAY BE RELEVANT IF JOB RELATED)

EMPLOYMENT (MOST RECENT FIRST)

FRM	TO	EMPLOYER	CITY	ST	TELEPHONE	POSITION	SALARY	REASON

REFERENCES (NAMES OF THREE PERSONS NOT RELATED TO YOU)

NAME	WORK NUMBER	HOME NUMBER	BUSINESS	YEARS KNOWN

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I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

S.S.N.D. IS AN EQUAL OPPORTUNITY EMPLOYER, S.S.N.D. DOES NOT DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANTS CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE EMPLOYER'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE EMPLOYER'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY S.S.N.D. I UNDERSTAND THAT NO REPRESENTATIVE OF S.S.N.D. HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY.

 APPLICANT'S SIGNATURE

 DATE

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I GIVE THE SCHOOL SISTER'S OF NOTRE DAME THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB RELATED. I HEREBY RELEASE FROM LIABILITY S.S.N.D. AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE EMPLOYERS/ REFERENCES LISTED ABOVE TO GIVE S.S.N.D. ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE.

 APPLICANT'S SIGNATURE

 DATE