



# APPLICATION FORM

Date: \_\_\_\_\_

## APPLICANT INFORMATION:

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Present Address: \_\_\_\_\_  
Number/Street Apt#  
City State Zip

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

How were you referred to the Sisters of the Presentation? \_\_\_\_\_

## EMPLOYMENT DATA:

Position(s) applying for: \_\_\_\_\_

Do you want full-time or part-time employment: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ PRN

Shift you can work: \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_ Any Are you willing to work weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you 16 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No If "no", please give birth date: \_\_\_\_\_ (A work permit is required.)

If hired, on what date can you start working: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Salary desired: \$ \_\_\_\_\_

Please list your qualifications for the position(s) for which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL INFORMATION:

Have you ever applied to/or worked for the Sisters of the Presentation before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain (include position and dates): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for the Sisters of the Presentation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state name & relationship: \_\_\_\_\_

If hired, are you willing to submit to and pass a controlled substance test? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, describe the functions that cannot be performed: \_\_\_\_\_

*(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the crime(s) - state nature of the crime(s), when and where convicted and disposition of the case.  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

EDUCATIONAL EXPERIENCE

**High School:**

School name: \_\_\_\_\_  
School address: \_\_\_\_\_  
School city, state, zip: \_\_\_\_\_  
Number of years completed: \_\_\_\_\_  
Did you graduate? \_\_\_\_ Yes \_\_\_\_ No  
Degree/diploma earned: \_\_\_\_\_

**College / University:**

School name: \_\_\_\_\_  
School address: \_\_\_\_\_  
School city, state, zip: \_\_\_\_\_  
Number of years completed: \_\_\_\_\_  
Did you graduate? \_\_\_\_ Yes \_\_\_\_ No  
Degree/diploma earned: \_\_\_\_\_

**Vocational School:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Number of years completed: \_\_\_\_\_  
Did you graduate? \_\_\_\_ Yes \_\_\_\_ No  
Degree/diploma? \_\_\_\_\_

**Military:**

Branch: \_\_\_\_\_ Rank in Military: \_\_\_\_\_ Total Years of Service: \_\_\_\_\_  
Skills/duties: \_\_\_\_\_  
Related details: \_\_\_\_\_

Post Graduate Courses: \_\_\_\_\_

Academic Accomplishments/Experiences: \_\_\_\_\_  
\_\_\_\_\_

WORK EXPERIENCES

List your work experience starting with your present or last job. *(\*Required)*

<u>Dates Employed</u> From / To	<u>Name of Employer</u>	<u>Position</u>	<u>Salary</u>
1. _____	_____	_____	_____
	Name of Supervisor*: _____	Contact Information: _____	
	Reason for Leaving*: _____		
2. _____	_____	_____	_____
	Name of Supervisor*: _____	Contact Information: _____	
	Reason for Leaving*: _____		
3. _____	_____	_____	_____
	Name of Supervisor*: _____	Contact Information: _____	
	Reason for Leaving*: _____		

May we contact your present/former employer(s) at this time? \_\_\_\_ Yes \_\_\_\_ No

A resume is required as part of the application acceptance process. Please include a copy with this application.

REFERENCES

List below three persons not related to you, but who know something of your work experience.

Name	Phone	Years Acquainted	How you know this person
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**APPLICANT'S STATEMENT**

I understand that any employment with the Sisters of the Presentation will be on a three-month provisional basis. If employed, I agree to follow the rules and regulations of the Employee Handbook or any that may be made by my department supervisor or the human resource director.

The above information is complete and true to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

I authorize the department supervisor and/or human resource director of the Sisters of the Presentation to contact my references.

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

\_\_\_\_\_  
*Date*