



## APPLICATION FOR EMPLOYMENT

NAME				
Last	First	Middle Initial	SOCIAL SECURITY #	
ADDRESS				
Street	City	State	Zip	
HOME PHONE ( )	CELL PHONE ( )	E-MAIL		
POSITION DESIRED:			Full Time	Part Time
DATE AVAILABLE:			HOURS AVAILABLE:	

EDUCATION LEVEL	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS	GRADUATE		DIPLOMA OR DEGREE
			YES	NO	
ELEMENTARY					
HIGH SCHOOL					
COLLEGE					
OTHER					
PROFESSIONAL CERTIFICATIONS					

What special training or skills do you have for the position desired?

---



---

Other information you wish to include (i.e. hobbies, volunteer work)

---



---

How did you learn of our organization?

---



---

**PROFESSIONAL REFERENCES** (Do not include relatives. Complete addresses please.)

NAME	Relationship to Applicant	Address	Phone Number(s)	E-Mail

Are you over the age of 18? yes or no    If not, do you have a work permit? yes or no

Are you legally eligible to work in the United States? yes or no

Have you ever been convicted or plead guilty or no contest to a criminal offense? yes or no

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

**EMPLOYMENT HISTORY** (Please begin with most recent employer. A resume is not a substitute for completing this part.)

1. COMPANY NAME \_\_\_\_\_ May we contact? yes or no \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Street) (City) (State) (Zip)  
DATES OF EMPLOYMENT - FROM: TO: Full Time Part Time

(Month/Year) (Month/Year)  
JOB TITLE: SALARY: PHONE:

DESCRIBE YOUR WORK: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

2. COMPANY NAME \_\_\_\_\_ May we contact? yes or no \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Street) (City) (State) (Zip)  
DATES OF EMPLOYMENT - FROM: TO: Full Time Part Time

(Month/Year) (Month/Year)  
JOB TITLE: SALARY: PHONE:

DESCRIBE YOUR WORK: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

3. COMPANY NAME \_\_\_\_\_ May we contact? yes or no \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Street) (City) (State) (Zip)  
DATES OF EMPLOYMENT - FROM: TO: Full Time Part Time

(Month/Year) (Month/Year)  
JOB TITLE: SALARY: PHONE:

DESCRIBE YOUR WORK: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Please explain any gaps in employment: \_\_\_\_\_

**EMPLOYMENT AT WILL - Employees may voluntarily leave their employment at any time.  
An employee may be discharged at any time with or without cause.**

I hereby state that the information provided in this application is complete and true. I authorize the Sisters of the Humility of Mary to contact former employers (as specified above) and those persons listed as references. I understand that the submission of false information may result in not being hired or else terminated from employment if already hired.