



# Employment Application

We are an Equal Opportunity Employer

Date:

| Applicant Information   |                                |  |  |
|---|--------------------------------|--|--|
| Name (First, middle, last)  |                                |  |  |
| Street Address  |                                |  |  |
| City, State, Zip Code   |                                | Telephone & Best time to call<br>( )   |  |
| Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If hired, you will be required to provide proof of work authorization)   |                                |  |  |
| Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If not, your employment will be subject to verification that you met state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit. |                                |  |  |
| Have you ever applied at SSND before?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:   |                                | Have you ever worked at SSND before?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: |  |
| Position Applying For   | Part-time or Full-Time Desired | Wage Preference  | Days and Shifts Available  |
|   |                                |  | __M __T __W __TH __F<br>__Sat __Sun<br><br>What shifts are you available to work?<br>_____ |
| When can you start?   |                                |  |  |
| How were you referred?<br><input type="checkbox"/> Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend/Relative _____<br><input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Other _____  |                                |  |  |
| Are you on layoff or subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                |  |  |
| U.S. Military or naval service _____ Rank _____ National Guard/Reserves _____   |                                |  |  |

**Special Skills**

Describe software knowledge and office equipment experience.

Describe mechanical experience.

Describe foreign language skills.

**Employment History (start with most recent; use separate sheet if necessary. Do not state "see resume".)**

|   |              |                                   |                             |
|---|--------------|-----------------------------------|-----------------------------|
| Name of Employer                                      |              | Telephone (    )                  |                             |
| Address   |              |                                   |                             |
| Job Title   |              | Employment Dates (month and year) |                             |
| Name of Immediate Supervisor                          |              | From                              | To                          |
| Description of Duties                                 |              |                                   |                             |
| Salary – start  | Salary – End | Reason for Leaving                |                             |
| If currently employed, may we contact as a reference? |              | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| Name of Employer                                      |              | Telephone (    )                  |                             |
| Address   |              |                                   |                             |
| Job Title   |              | Employment Dates (month and year) |                             |
| Name of Immediate Supervisor                          |              | From                              | To                          |
| Description of Duties                                 |              |                                   |                             |
| Salary – start  | Salary – End | Reason for Leaving                |                             |
| Name of Employer                                      |              | Telephone (    )                  |                             |
| Address   |              |                                   |                             |
| Job Title   |              | Employment Dates (month and year) |                             |
| Name of Immediate Supervisor                          |              | From                              | To                          |
| Description of Duties                                 |              |                                   |                             |
| Salary – start  | Salary – End | Reason for Leaving                |                             |

|                              |  |                                   |                    |
|------------------------------|--|-----------------------------------|--------------------|
| Name of Employer             |  | Telephone (    )                  |                    |
| Address                      |  |                                   |                    |
| Job Title                    |  | Employment Dates (month and year) |                    |
| Name of Immediate Supervisor |  | From                              | To                 |
| Description of Duties        |  |                                   |                    |
| Salary – start               |  | Salary – End                      | Reason for Leaving |

Professional References - Please include name, email & phone number:

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| <b>Education</b> |                                 |                    |                |   |
|------------------|---------------------------------|--------------------|----------------|---|
| School           | Name and Location (city, state) | No. Years Attended | Major Subjects | Diploma or Degree Rec'd   |
| High             |                                 |                    |                | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| College          |                                 |                    |                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Type: |
| Graduate         |                                 |                    |                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Type: |
| Other            |                                 |                    |                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Type: |

**Please Read Carefully Before Signing This Form**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. Application materials will be held for the time period required by law.
3. I authorize SSND to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
4. I understand that SSND offers of employment are contingent upon my consenting to and satisfactorily completing a screening for illegal drugs. I also understand that upon receiving a job offer, a physical examination may be required. (Note: If a physical examination is a job requirement, you will be notified.)
5. I understand that SSND may conduct a Criminal Background Check to confirm my responses on this application form.
6. Regardless of whether or not I become employed by the School Sisters of Notre Dame, I recognize that this application is not and should not be considered a contract of employment. I understand that employment is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or, unless specifically provided otherwise in a written employment contract. 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, at either my or the employer's option. I further understand that no employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.
7. SSND is an equal opportunity employer. SSND does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_