

**ST. ANNE'S SALVATORIAN CAMPUS - APPLICATION FOR EMPLOYMENT**

*St. Anne's is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.*

<b>PERSONAL DATA</b>			DATE
First Name	Middle Name	Last Name	Position Applying For
Street Address	City/State	Zip Code	Telephone Number
If at the above address less than 2 years, give previous address.			Salary Expected

**AVAILABILITY**

Date you are available to start work: \_\_\_\_\_

Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Weekends \_\_\_\_\_

**Shift** (Circle 1<sup>st</sup> Choice)      FIRST      SECOND      THIRD

Would you accept another shift? NO \_\_\_\_\_ YES \_\_\_\_\_, Which shift? 1    2    3

Would you accept another position?  
 NO \_\_\_\_\_ YES \_\_\_\_\_ If so, what? \_\_\_\_\_

For some positions, every other weekend and some holidays are required.

Do you agree to work weekends in accordance with work schedules? YES \_\_\_\_\_ NO \_\_\_\_\_

**EDUCATION**

Circle Highest Grade Completed:	Elementary School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4
Name(s) of High School	Location	Grade Average	Graduate? Y N
Name of College	Location	Degree/Major	Graduate? Y N

**OTHER SKILLS AND QUALIFICATIONS**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

List all places of **employment for the last 10 years**, including complete dates and **positions held**, beginning with your current or most recent place of employment:

**Name of Previous Employer** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Name and Title	Position held	Start/End dates	Starting and Ending salary	Reason for Leaving

**Name of Previous Employer** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Name and Title	Position held	Start/End dates	Starting and Ending salary	Reason for Leaving

**Name of Previous Employer** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Name and Title	Position held	Start/End dates	Starting and Ending salary	Reason for Leaving

**Name of Previous Employer** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Name and Title	Position held	Start/End dates	Starting and Ending salary	Reason for Leaving

**Name of Previous Employer** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Name and Title	Position held	Start/End dates	Starting and Ending salary	Reason for Leaving

**REFERENCES:** Please list two references for previous employers and two personal references (excluding relatives)

Previous Employer: Company Name \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer: Company Name \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal Reference: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal Reference: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you authorize St. Anne's to contact your current employer?    YES        NO

1) Have you ever worked for the Sisters of the Divine Savior or the Little Sisters of the Poor?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when & under what name? \_\_\_\_\_

2) Have you ever worked under a different name?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what name? \_\_\_\_\_

3) Can you submit proof of legal employment authorization and identity? \_\_\_\_\_ Yes \_\_\_\_\_ No

4) Have you ever been convicted of a crime for abuse, neglect or mistreatment of any person?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain (a conviction will not automatically bar employment)

\_\_\_\_\_  
\_\_\_\_\_

5) Have you ever been convicted of a crime (except for traffic offenses) for any other reason?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain (a conviction will not automatically bar employment)

\_\_\_\_\_  
\_\_\_\_\_

6) Are you currently using illegal drugs (i.e., within the last 30 days)? YES NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

St. Anne's Salvatorian Campus is an Equal Opportunity Employer and does not discriminate in terms of conditions of employment on the basis of race, sex, religion, age, color, national origin, physical or mental handicap or disability.

Notice to Applicants: St. Anne's Salvatorian Campus is a DRUG FREE WORK ZONE. The use, possession of, distribution or being under the influence of: Alcohol, Illicit drugs or other controlled substances (except as lawfully prescribed) is strictly prohibited.

I understand that any offer of employment made by St. Anne's Salvatorian Campus of Milwaukee, Inc. shall be conditioned on satisfactory results of physical examination, drug screen and a negative tubercular skin test or chest x-ray, which all entering employees are required to undergo.

Further, I understand that my continued employment is based upon a satisfactory annual physical examination and a negative tubercular skin test chest or x-ray and satisfactory and acceptable work performance.

I hereby authorize St. Anne's Salvatorian Campus to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability St. Anne's and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZATION AND RELEASE

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize the release of information from any former employer, person, firm, corporation, school or government agency, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the employment information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school, local, county or state government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or cost, including attorneys' fees, present or future whether known or unknown, anticipated or unanticipated, arising for or incident to the disclosure of release of any information or opinions concerning my employment pursuant to this authorization, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

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

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

Reference Check Form

St. Anne's Salvatorian Campus • 3800 N. 92<sup>nd</sup> Street • Milwaukee, WI 53222  
(414) 463-7570 FAX (414) 463-2311

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**APPLICANT completes \* ONLY**

I have applied for a position with St. Anne's Salvatorian Campus and authorize you to provide St. Anne's with the information requested. I specifically consent to disclosure in accordance with the provisions of the Privacy Act of 1974 and other applicable Federal and State laws.

\* **1. PRINT:** Name \_\_\_\_\_

\* **2. PRINT:** Other names worked under \_\_\_\_\_

\* **3. SIGN:** Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FORMER EMPLOYER/REFERENCE completes the FOLLOWING:**

The above named applicant states (s)he was in your employ. We would appreciate your answering the following questions, and assure you that your answers will be held in strict confidence.

**POSITION HELD** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

<b>EVALUATION</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
Attendance				
Punctuality				
Quality of Work				
Quantity of Work				
Initiative				

How long ago was criminal records check done? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Would you rehire? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Comments: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE \_\_\_\_\_