

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

St. Mary of Providence

4200 N. Austin Ave. Chicago, IL 60634

Phone: 773-545-8300

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodations to the application and/or interview process should notify the Human Resources Manager.

Position(s) applied for _____ Date application completed _____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone No. (Home) _____ Cell No. _____

Best times to call and on which phone (home or cell)? _____

E-Mail Address (If applicable) _____

If you are under 18, and it is required, can you furnish a work permit? yes/no

If no, please explain _____

Have you submitted an application before? yes or no If "Yes", give date(s) _____

Have you ever been employed at St. Mary of Providence before? yes or no If "Yes", give date(s) _____

Are you legally eligible for employment in this country? yes/no

If hired, on what date would you be available to start working at St. Mary of Providence? Date _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Will you relocate if job requires it? yes/no Will you travel if job requires it? yes/no

Are you able to meet the attendance requirements of the position? yes/no

Are you able to work overtime, if required? yes/no

If you are not able to work overtime, please explain why? _____

If driving is an essential job function, what is your driver's license number? _____

In what State was your driver's license issued? _____

Have you been convicted of a crime in the last (7) years? yes/no If "yes", please explain _____

A conviction will not necessarily bar anyone from employment; each instance and explanation will be considered in relation to the position applied for at this time.

(Rev. 04/14)

Provide the following information about any previous or current employer, or volunteer activities, starting with the most recent (use additional sheets if necessary)

| | | | | |
|-------------------------------------------------|-----------|----------------------|-----------------|---------------------------------------------------------------|
| 1. Employer Name: | Telephone | DATES FROM | EMPLOYED TO | Summarize the Type of Work Performed and Job Responsibilities |
| Employer Address: | | | | |
| Job Title: | | Hourly Rate Starting | Salary Starting | |
| Name and Title of Immediate Supervisor | | | | |
| Reason for Leaving: | | Hourly Rate Ending | Salary Ending | |
| May we Contact your Supervisor for a Reference? | | | | |
| 2. Employer Name | Telephone | DATES FROM | EMPLOYED TO | Summarize the Type of Work Performed and Job Responsibilities |
| Employer Address: | | | | |
| Job Title: | | Hourly Rate Starting | Salary Starting | |
| Name and Title of Immediate Supervisor | | | | |
| Reasons for Leaving: | | Hourly Rate Ending | Salary Ending | |
| May we Contact your Supervisor for a reference? | | | | |
| 3. Employer Name: | Telephone | DATES FROM | EMPLOYED TO | Summarize the Type of Work Performed and Job Responsibilities |
| Employer Address: | | | | |
| Job Title: | | Hourly Rate Starting | Salary Starting | |
| Name and Title of Immediate Supervisor | | | | |
| Reasons for Leaving: | | Hourly Rate Ending | Salary Ending | |
| May we Contact your Supervisor for a reference? | | | | |

Comments (Include explanation(s) of any gaps in employment)

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Skills and Qualifications (Include any special training, skills, licenses and/or certification that may qualify you to perform the job-related duties and functions of the position for which you are applying.)

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Educational Background (If job related)

| Name of School(s) Attended | Year(s) Completed | Degrees/Diploma Obtained | GPA | Major | Minor |
|----------------------------|-------------------|--------------------------|-----|-------|-------|
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References

List name and telephone number of three (3) business/work references that are **not** related to you. If not applicable, list (3) school or personal references that are **not** related to you.

| NAME | TELEPHONE | YEARS KNOWN |
|------|-----------|-------------|
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Additional Information

List professional, trade, business or civic associations and any offices held. **EXCLUDE MEMBERSHIP WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.**

| ORGANIZATION | OFFICE HELD |
|--------------|-------------|
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List special accomplishments, publications, awards, etc. **EXCLUDE MEMBERSHIP WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.**

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We would like a writing sample. Please write a few sentences telling us why you would like to work for St. Mary of Providence.

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I understand that if I am hired to work at St. Mary of Providence, any misrepresentation, or material omissions made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service.

I give the employer the right to contact and obtain information for all references, employers, and educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representative for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that if I am hired I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authorization to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I also understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA.

In addition, I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

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

Signature of Applicant _____ Date Signed _____