

Employment References (List individuals familiar with your job qualifications (no relatives or personal friends))

Name	Day Telephone ()
	Evening Telephone ()
Address	
Relationship	How long known ?

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Please Read Carefully Before Signing This Form

- 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.
- I authorize the company to investigate my responses on this application and contact any or all 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.
- I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
- Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company 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 the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company 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.

Signed by Applicant _____ Date _____

Thank you for your interest in our company.

DO NOT ANSWER QUESTIONS IN THIS AREA - TO BE COMPLETED AFTER EMPLOYMENT

NOTIFY IN CASE OF EMERGENCY :		RACE: <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> WHITE <input type="checkbox"/> (2) OR MORE RACES <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE
Name:	Relationship:	
Address:	Home Phone () Cell Phone: ()	

HUMAN RESOURCES AND / OR DEPARTMENT HEAD USE ONLY		
Hired:	WAGE	BONUS

The Legacy at St. Joseph's
Employment Application
 We are an Equal Opportunity Employer

Please print in ink. You must complete entire application

Name (first, middle, last)		Day Telephone ()	
Address		Evening Telephone ()	
City, State, Zip code		Social Security #	
Are there other names under which you have worked or attended school ? <i>If yes, please list for reference checking purposes .</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the U.S. ? <i>(If hired, you will be required to provide proof of work authorization.)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years old ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.</i>			
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)</i>			
Do you have any <i>pending</i> criminal charges against you ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.			
Have you ever applied at this company before ?		Have you ever worked at this company before ?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, when:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, when:</i>	
Position Applying For	Part-Time or Full-Time Desired	Salary Preference	Shift Preference
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either		<input type="checkbox"/> Days <input type="checkbox"/> PM Shift <input type="checkbox"/> Nights <input type="checkbox"/> _____
When can you start ?			
How were you referred to the company ?			
Special Skills			

Employment History (start with most recent)			
Name:	Dates Employed	Salary Start:	Position Held:
Address:	From:	Salary End:	Reason for Leaving:
Supervisor's Name:	To:		
Phone:			
If currently employed, may we contact as a reference ? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name:	Dates Employed	Salary Start:	Position Held:
Address:	From:	Salary End:	Reason for Leaving:
Supervisor's Name:	To:		
Phone:			

Name:	Dates Employed	Salary Start:	Position Held:
Address:	From:	Salary End:	Reason for Leaving:
Supervisor's Name:	To:		
Phone:			

Name:	Dates Employed	Salary Start:	Position Held:
Address:	From:	Salary End:	Reason for Leaving:
Supervisor's Name:	To:		
Phone:			

Name:	Dates Employed	Salary Start:	Position Held:
Address:	From:	Salary End:	Reason for Leaving:
Supervisor's Name:	To:		
Phone:			

Name:	Dates Employed	Salary Start:	Position Held:
Address:	From:	Salary End:	Reason for Leaving:
Supervisor's Name:	To:		
Phone:			

Education				
School	Name and Location (City, State)	No. Years Attended	Major Subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type

Training Courses (list any relevant training programs completed)			
Course / Seminar	Organization Sponsoring	Content	Date(s) Attended

Required License(s)		
Are you licensed with any group, association or society relating to the job for which you are applying ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration or License Number and Description	State Issued	Expiration Date

Availability Record			
Primary Position Desired: _____		Will you accept another position ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If s o, what ? _____			
Are you available to work ? <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Rotating Shifts			
Please indicate days and hours you are available to work (Be specific) :			
		FROM	TO
SUNDAY	AVAILABLE ? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____AM _____PM	_____AM _____PM
MONDAY	AVAILABLE ? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____AM _____PM	_____AM _____PM
TUESDAY	AVAILABLE ? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____AM _____PM	_____AM _____PM
WEDNESDAY	AVAILABLE ? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____AM _____PM	_____AM _____PM
THURSDAY	AVAILABLE ? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____AM _____PM	_____AM _____PM
FRIDAY	AVAILABLE ? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____AM _____PM	_____AM _____PM
SATURDAY	AVAILABLE ? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____AM _____PM	_____AM _____PM