

Holy Family Convent
 2409 S. Alverno Rd.
 Manitowoc, WI 54220-9340
 (920) 682-7728

APPLICATION FOR EMPLOYMENT

To the applicant: It is the policy of Holy Family Convent to extend employment opportunity to qualified applicants on a non-discriminatory basis and without regard to race, color, creed, religion, national origin, age disability, sex, sexual orientation, marital status, arrest record, ancestry or any other characteristic protected by law. HFC will give full consideration to the employment of disabled or handicapped persons and will make reasonable accommodations. We are an Equal Opportunity Employer.

DATE OF APPLICATION _____ DATE AVAILABLE _____

APPLICANT NAME _____

TELEPHONE NUMBER _____

POSITION(S) APPLYING FOR: 1.	SHIFT	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> IF PART TIME, NUMBER OF HOURS DESIRED PER WEEK _____ WEEKENDS ACCEPTABLE? YES <input type="checkbox"/> NO <input type="checkbox"/>
2.		WEEKENDS ACCEPTABLE? YES <input type="checkbox"/> NO <input type="checkbox"/>
3.		HOW OR BY WHO WERE YOU REFERRED TO US?
HAVE YOU BEEN EMPLOYED BY HOLY FAMILY CONVENT BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHEN?	POSITION

THANK YOU FOR APPLYING AT HOLY FAMILY CONVENT.

EMPLOYMENT HISTORY

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER:

PRESENT OR LAST EMPLOYER	DATES EMPLOYED: FROM _____ TO _____ STARTING SALARY _____ FINAL SALARY _____
ADDRESS	YOUR TITLE & JOB DESCRIPTION:
CITY STATE ZIP CODE	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NO. HRS. _____
IMMEDIATE SUPERVISOR PHONE NO.	REASON CONSIDERING CHANGE: _____ MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
EMPLOYER	DATES EMPLOYED:
STARTING SALARY _____ FINAL SALARY _____	FROM _____ TO _____
ADDRESS	YOUR TITLE & JOB DESCRIPTION:
CITY STATE ZIP CODE	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NO. HRS. _____
IMMEDIATE SUPERVISOR PHONE NO.	REASON FOR LEAVING _____ MAY WE CONTACT YOUR PAST EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
EMPLOYER	DATES EMPLOYED:
STARTING SALARY _____ FINAL SALARY _____	FROM _____ TO _____
ADDRESS	YOUR TITLE & JOB DESCRIPTION:
CITY STATE ZIP CODE	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NO. HRS. _____
IMMEDIATE SUPERVISOR PHONE NO.	REASON FOR LEAVING _____ MAY WE CONTACT YOUR PAST EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

Please read before signing: I certify that the information contained within the application, background information disclosure form, and any other materials submitted are correct to the best of my knowledge and understand that any misrepresentation or omission of information requested on these materials is grounds for immediate dismissal. In consideration of my employment I agree to conform to all rules and regulations of Holy Family Convent (HFC). I understand that if employed by HFC, none of the conditions or policies explained to me shall constitute either a guarantee or an employment contract. I understand that my employment and compensation can be terminated at any time at the option of either HFC or myself due to changing business conditions. HFC reserves the right to alter policies or conditions at any time. I understand that HFC operates 24 hours per day, 7 days per week, and that weekend/holiday work or changes of shift or hours may be required during my employment.

I authorize HFC to investigate my background, references, employment records, and other matters related to my suitability for employment. I also authorize any background information or reference source to provide HFC with any and all information concerning my previous and current records along with any other pertinent information that they may have, personal or otherwise, without giving me prior notice of such disclosure. I release HFC, along with all background information and reference sources, from any and all liabilities for any damage that may result from investigation or disclosure of such information. I also understand that my employment at HFC is conditional upon satisfactory completion of a background information check and a physical examination which includes alcohol/drug screening. I understand that all results of this employment process, including the results of the background information check and the drug/alcohol screening test may be disclosed by HFC to my current or future employers, or to professional licensing boards and agencies. I authorize the release of the results of this screening process to such agencies, employers, and individuals and release HFC from all liabilities for any damage that may result from such disclosure.

I understand and agree that as a pre-condition to employment, and if employed, as a condition of continued employment that I may be required from time to time to accurately complete a background information disclosure form and to submit to drug and alcohol screening tests to determine compliance with the Drug/Alcohol Abuse and Screening Policy and that failure to cooperate will result in denial of employment and/or discharge.

DATE: _____ SIGNATURE OF APPLICANT: _____

