



St. Vincent de Paul Application for Employment

Thank you for your interest in employment with St. Vincent de Paul. Please complete all sections of the application form so that your qualifications may be fully considered. It is the policy of St. Vincent de Paul to be in full compliance with all applicable federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, color, sex, religion, disability, age, national origin, genetic information, or veteran status.

Position Desired: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Message Phone: () _____ Work Phone: () _____

Email Address: _____

Date available to begin employment: _____ Salary desired: _____

If records are in another name, please list: _____

Are you 18 years of age or older? (Individuals who are 14 – 17 years of age may be required to provide a work permit.)

Yes No

How did you learn about this position? Ad Website Individual Please identify specifics: _____

Are you legally eligible to be employed in the United States? (Proof of identity and eligibility will be required upon employment.)

Yes No If no, please explain: _____

Have you ever been charged with an offense other than a minor traffic violation? (Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment.)

Yes No If yes, please explain: _____

Education

School	Name, City, State	Circle Last Year Completed	Degree		Course of Study
			Yes	No	
High School		9 10 11 12			
Business / Vocational School		9 10 11 12			
College – Undergraduate		1 2 3 4			
Graduate School		1 2 3 4			
Other		1 2 3 4			
Internships / Field Placements					

Professional Data (if applicable) Licensure, Certification, and/or Registration

Type	Registration / Certification / License Number	State(s)	Expiration Date

Computer / Keyboarding Skills (if applicable)

Keyboarding WPM: _____

On a scale of 0 – 5, with 0 indicating no experience and 5 indicating highly proficient, rate your expertise with the following:

____ Microsoft Word ____ Microsoft Excel ____ Microsoft PowerPoint ____ Microsoft Outlook ____ QuickBooks

Please indicate any other administrative / computing skills you possess that would be applicable for the position for which you are applying: _____

Skills and Qualifications

Summarize special skills and qualifications acquired from employment, membership in professional organizations or other experience that may qualify you to work for St. Vincent de Paul. (Exclude those which indicate race, color, sex, religion, disability, age, national origin, genetic information, or veteran status.)

Employment History

Beginning with your current / most recent employment, please complete the section below in full. Incomplete information could disqualify you from further consideration.

Company: _____ Job Title: _____ From: _____ to _____
(mo / yr) (mo / yr)

Address: _____ City / State / Zip: _____ Final Salary: _____

Supervisor: _____ Phone Number: () _____ May we contact? ___ Yes ___ No

Duties: _____

Reason for Leaving: _____ Amount of notice given: _____

Company: _____ Job Title: _____ From: _____ to _____
(mo / yr) (mo / yr)

Address: _____ City / State / Zip: _____ Final Salary: _____

Supervisor: _____ Phone Number: () _____ Email: _____

Duties: _____

Reason for Leaving: _____ Amount of notice given: _____

Company: _____ Job Title: _____ From: _____ to _____
(mo / yr) (mo / yr)

Address: _____ City / State / Zip: _____ Final Salary: _____

Supervisor: _____ Phone Number: () _____ Email: _____

Duties: _____

Reason for Leaving: _____ Amount of notice given: _____

Company: _____ Job Title: _____ From: _____ to _____
(mo / yr) (mo / yr)

Address: _____ City / State / Zip: _____ Final Salary: _____

Supervisor: _____ Phone Number: () _____ Email: _____

Duties: _____

Reason for Leaving: _____ Amount of notice given: _____

Have you ever been discharged from a position or asked to resign from a position in lieu of being discharged? ____ Yes ____ No

If yes, please explain: _____

Professional References

List individuals who can provide information about your employment, volunteer, or professional experiences. Please do not list supervisors who have already been identified on the previous page.

Name: _____

Company: _____

Occupation / Relationship: _____

Number of Years Known: _____

Message Phone: _____

Email: _____

Name: _____

Company: _____

Occupation / Relationship: _____

Number of Years Known: _____

Message Phone: _____

Email: _____

Name: _____

Company: _____

Occupation / Relationship: _____

Number of Years Known: _____

Message Phone: _____

Email: _____

Applicant Certification and Agreement

____ (initial) I certify that the information I have provided on this application is true and complete. I understand that any false or misleading statements or material omissions on my application, resume, other materials provided, or during an employment interview are cause for refusal of employment or, if employed, termination of employment.

____ (initial) I hereby authorize former and present employers as well as physicians, medical personnel, references, law enforcement representatives, the Department of Motor Vehicles, and others to provide or verify any information they have regarding me or my employment with them to an official representative of St. Vincent de Paul, and release them from any liability arising from the furnishing of any criminal, driving, employment history or medical information to St. Vincent de Paul, at either parties' option and will.

____ (initial) I authorize St. Vincent de Paul to make investigations and inquiries of my educational background, criminal record, and related matters as may be necessary in making an employment decision.

____ (initial) I further agree and understand that except as governed by existing federal, state or local law where applicable, my employment or offer of employment establishes no guarantee or promise of continued employment or set hours of work or any other obligation on the part of St. Vincent de Paul beyond pay for actual work performed at the agreed upon rate. I understand that the employment-at-will relationship may be terminated by either me or St. Vincent de Paul at any time without any specified notice or reason.

____ (initial) I agree to familiarize myself with St. Vincent de Paul's policies and understand that policies may be established and/or amended as is necessary.

____ (initial) I have read and understand the above.

Signature: _____ Printed Name: _____ Date: _____

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Email Address: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize St. Vincent de Paul - Thrift Store and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to St. Vincent de Paul - Thrift Store or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. St. Vincent de Paul - Thrift Store and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Have you ever been arrested or convicted of a felony? Yes _____ No _____

If yes, what was the final resolution? _____

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.