|  |
| --- |
| Employee Application  St. Vincent DePaul Mission of Waterbury, Inc.  Date of Application: \_\_\_/\_\_\_/\_\_\_\_\_ |

This application is to be active for a period of 90 days only.

Applications must reapply after that time in order to be considered for any openings that may become available.

All questions must be answered in order to be considered for a position.

Please also submit a résumé, and cover letter if applicable.

## Applicant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

Date available to Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desired Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES | NO | If yes, when? |  |

## Employment Desired

|  |  |
| --- | --- |
| Position Applied for: |  |

Location: 173 Mark Lane  Shelter  Soup Kitchen  Thrift Store  Liberty Hall  Corporate

Are you at least 18 years old? Yes  No

How were you referred to St. Vincent DePaul Mission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | City and State: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | City and State: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other Ed.: |  | City and State: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## Special Skills

Do you type? Yes  No  Words per minute, if known: \_\_\_\_\_\_\_\_\_\_\_\_

Have you had any computer or Microsoft Office experience or training? Yes  No

If yes please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other special skills or experience you have that pertains to this position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Email: |  | | |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Email: |  | | |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Email: |  | | |

## Previous Employment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: |  | | | Phone: |  | |
| Address: |  | | | Supervisor: |  | |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: | |  | | To: |  | | Reason for Leaving: | | | |  | | |
| May we contact your previous employer/supervisor for a reference? | | | | | | | | YES | | NO |  | | |
|  | | | | | | | |  | |  |  | | |
|  | | | | | | | |  | |  |  | | |
| Company: |  | | | | | | | | | | Phone: |  | |
| Address: |  | | | | | | | | | | Supervisor: |  | |
| Job Title: |  | | | | | Starting Salary: | | | $ | | Ending Salary: | | $ |
| Responsibilities: | | |  | | | | | | | | | | |
| From: | |  | | To: |  | | Reason for Leaving: | | | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| May we contact your previous employer/supervisor for a reference? | | YES | NO |  | |
| Company: |  | | | Phone: |  |
| Address: |  | | | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous employer/supervisor for a reference? | YES | NO |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## Disclaimer and Signature

I certify that all answers given by me to all the questions on this application and any attachment are to the best of my knowledge true and that I have not withheld any pertinent information. I understand that any omission, misrepresentation or false information submitted in connection with this application may result in refusal or summary dismissal from employment.

I understand that employment by the St. Vincent DePaul Mission of Waterbury, Inc. is conditional upon satisfactory completion of a medical examination which will include a urinalysis drug test.

I authorize all persons and entities named herein, excepting my present employer, if so noted, to furnish any information regarding me, whether or not it is on their records and hereby release them from any and all liability in providing this information. I agree, if employed by St. Vincent DePaul Mission of Waterbury, Inc. that my employment can be terminated with or without cause, and with or without notice, at any time, at the option of St. Vincent DePaul Mission, Inc. Only the President of St. Vincent DePaul Mission of Waterbury, Inc. has any authority to enter into any agreement providing for employment on terms other than at will, as specified above.

I hereby authorize the St. Vincent DePaul Mission of Waterbury, Inc. to conduct a comprehensive review of my background generating a consumer report and/or investigative consumer report which may include, but is not limited to the following areas: verification of social security number; current and previous residences; criminal history records from any criminal justice agency in any or all federal, state, and county jurisdictions; driving records; birth records; and any other public records. I understand that, upon written request, information to the nature and scope of any such investigation may be provided to me.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |