



St. Joseph Convent
 526 Mill Street
 Campbellsport, WI 53010
 HR Phone: (920) 533-1135
 HR Fax: (920) 533-1149

APPLICATION FOR EMPLOYMENT

PLEASE PRINT IN INK

DATE: _____

Applicants may request accommodation, if needed, to complete the application process. Complete the entire application to be considered.

Name (Last, First, Middle)		Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Birth:	
Street Address		City	State Zip
Home Phone Number ()	Work Phone Number ()	Cell Phone Number ()	Social Security Number - -
E-mail Address		How did you learn about the available position? <input type="checkbox"/> Internet –Website: <input type="checkbox"/> Newspaper –Name of Newspaper: <input type="checkbox"/> Current Employee –Name: <input type="checkbox"/> Other:	
Have you lived or worked outside of Wisconsin in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?		Have you ever been employed by or did you ever perform volunteer services for St. Joseph Convent? Employment <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When: Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When:	
Is a relative currently employed in a supervisory capacity at St. Joseph Convent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is his or her name and department?		Date you are available to start working:	
Position(s) applying for:		Wage or salary requirements: \$	
Applying for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Occasional		What shift(s) are you available? <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	
Are you professionally licensed, certified, or registered with any professional group, association, or society? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Group: State: Registration, Certification, or License Number: Expiration Date:			
Are you on layoff subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using illegal drugs (Within the last 30 days)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you perform the duties of the position for which you are applying (With or without reasonable accommodations)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefly explain why you want to work for St. Joseph Convent?			
Have you ever been convicted of a felony, misdemeanor, or other criminal offense (Including a civil forfeiture)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are any criminal charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Has is ever been determined by any county that you have abused or neglected a child? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes to any of the above, describe in full (Using a separate sheet if necessary), 1). Date of Offense: 2). Nature of Offense: 3). Date of Conviction: And 4). Municipality or County and State in which convicted			
Please list any experiences, skills, and qualifications you have, which relate to the job for which you are applying.			
Clerical Applicants: List any office machines/equipment/computer software that you can operate.			

Name and Address of School	Circle Last Year Completed	Did you graduate?	List Diploma, Degree, or Course of Study
High School	1 2 3 4		
Business/Technical	1 2 3 4		
College	1 2 3 4		
Other (Specify)	1 2 3 4		

Please list any academic or special awards you have received:

The following employment history (For the past ten years or more) must be complete and accurate. This section must be completed—even if a resume is submitted.

Present or Last Employer	Company Name		Position Title		Employment Dates (Must use month/year format) to	
	Street Address		City	State	Zip	Phone Number ()
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of work		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Name of Supervisor and his or her position		
Reason for leaving			Name then, if Different		Last Salary \$	
Next Previous Employer	Company Name		Position Title		Employment Dates (Must use month/year format) to	
	Street Address		City	State	Zip	Phone Number ()
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of work		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Name of Supervisor and his or her position		
Reason for leaving			Name then, if Different		Last Salary \$	
Next Previous Employer	Company Name		Position Title		Employment Dates (Must use month/year format) to	
	Street Address		City	State	Zip	Phone Number ()
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of work		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Name of Supervisor and his or her position		
Reason for leaving			Name then, if Different		Last Salary \$	

Next Previous Employer	Company Name		Position Title		Employment Dates (Must use month/year format)	
					to	
Street Address			City	State	Zip	Phone Number ()
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of work	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Name of Supervisor and his or her position		
Reason for leaving				Name then, if Different		Last Salary \$

****Please use a separate sheet for any additional employers****

READ CAREFULLY AND ACKNOWLEDGE BY YOUR WRITTEN SIGNATURE AND TODAY'S DATE

I certify that the facts set forth in this application are true and complete, and I authorize investigation of the statements I have made.

I release from any and all liability all representatives of the Convent for their acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications. I further authorize any party having information bearing upon my qualifications for employment to release such information to the Convent (unless otherwise stated). I also release from any and all liability all individuals and organizations who provide information to the Convent in good faith and without malice concerning my employment competence, ethics, character and other qualifications, including other privileged or confidential information. And, if I am employed, I also authorize the Convent to release such similar information to prospective future employers, and I release the Convent and its employees from any liability or damages that may result from providing such information.

I understand that any false statements or omissions concerning requested information on this application shall be a sufficient basis for denial of employment or summary dismissal. I also understand that my employment at the Convent is contingent upon the satisfactory completion of a health examination, a caregiver background check and investigation of my work record and references. I consent to a post-offer pre-employment health examination and such future examinations as may be requested by the Convent. I further understand that, if employed, I will serve at least a 90-day probationary period from my date of employment.

I understand that if I am employed by the Convent, my employment can be terminated by either the Convent or me at will, with or without cause, and with or without notice, at any time, except as may be required by law. I understand that no one at the Convent, other than the Facility Director, has the authority to alter, orally or in writing, this terminable-at-will status of employment.

Signature of Applicant

Date

It is the policy of the Convent to consider all applicants for employment without regard to age, race, color, disability, marital status, sex, national origin, ancestry, sexual orientation, military reserve status or any other unlawful basis. As a religious employer, the Convent may give preference based on religion and/or creed.