Sisters of St. Francis

843 13th Ave N Clinton, IA 52732

Application for Employment

Last Name	First Name	MI	Maiden Name	Date
			Soc. Sec. #	
Address	City		State Zip	Phone
				()
Emergency Info.	Address		Relationship	Phone
		Temp.	Full-time F	Part-Time DaysEvenings
Nights				()
Are you at least 18 years of age?	Yes No			
Are you at least 16 years of age?	Yes No (if less than age	16, can you furnis	sh a permit? Ye	s No)
If applying for C.N.A., are you on a s	tate registry? Yes No	In what state?		
Have you ever been employed here	before? Yes No If Yes	, give date		
Are you employed now? Yes	S No May we contact your pre	sent employer? _	Yes No	
Can you, if hired, submit verification	of your legal right to work in the U.S.?	Yes	No	
				e Immigration Reform and Control Act of ase be prepared to assure us that you can
On what date would you be available	e for work?		Ехр	pected salary:
Are you available to work:	Full-Time	Part-Time	Temp	orary-What days? S M T W T F S
List special skills and training		Training		
Licenses, Certificates, Diplomas, Re	gistrations (if unrelated to ethnic or reli	gious groups or o	rganizations)	
·				
List volunteer/community service wo	rk			
in past five years				
Have you been in the military service	e? Yes No If y	yes, Were you Ho	norably Discharged	Yes No
Any current military obligation?				
Have you ever been convicted of a c	riminal offense other than a traffic viola	ation? Ye	S No	
If so, what was the date and nature	of that conviction?			
Have you ever been the subject of a	n investigation into abuse or neglect of	a child or an adu	 t? Yes	No
If so, what was the outcome of the ir	vestigation?			

	Referen	ces									
Name Address						Phone					
				()						
)						
				()						
Education Record											
School	Years	Attended	Last Year Completed	Graduated							
Name and Address	From	То		No	Yes-Date	-					
Elementary											
High School											
College											
College											
Other											
Employment Record			-								
Employer	Begin with most recent. Use ac	<i>lditional shee</i> ployment	Position Title/	Reas	on for leaving	Wa	ige				
Name, Address, Phone	From	То	Responsibilities			Beg. End					
	110111	10				Dog.	Liid				
1.											
2.											
3.											
4.											
	APPLICANT'S S	TATEMENT	1	1		l	1				
PLEASE READ CAREFULLY BEFORE S	SIGNING										
I certify that the answers given in this Appl made in this Application and I understand						gate all sta	tements				
• •	,	•	•	ŭ							
I understand that I will be required to fulfill grounds for termination. I also understand examination conducted by a physician of t	d that I may be required to pass an agility t	est. I also un	derstand that I may also	e to ful be requ	fill any aspec uired to take a	t of the job a physical	may be				
I understand that this Application is not a content between myself and the facility is terminabinght. Any changes to this employment relationship is a second content to the content of th	ole at will; that I have the right to terminate	my employm	ent at any time for any re	ason, a	and the facility	y retains th	ne same				
Signature of Applicant		_	Da	te		_					

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for, an employees are treated during employment without regard to age, race, color, creed, pregnancy, sex, national origin, religion, or disability.