

EMPLOYMENT APPLICATION

Equal Opportunity Employer



Date of Application:

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors

(307) 532-4197 Fax (307) 532-8405 Return to the Human Resource Director, P.O. Box 1117, Torrington, WY 82240

Phone Numbers

EMPLOYMENT AT SAINT JOSEPH'S CHILDREN'S HOME IS ON AN "AT WILL" BASIS AND EMPLOYEES MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE BY THE EXECUTIVE DIRECTOR. NOTHING HEREIN CONTAINED SHALL BE CONSTRUED TO BE A CONTRACT BETWEEN EMPLOYER AND EMPLOYEE OR AS CONTAINING BINDING TERMS AND CONDITIONS OF EMPLOYMENT

INSTRUCTIONS: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. When form is complete, click the Submit button.

Application for Position Of:	Home: ()
	Work: ()(Enter only if we may contact you at work)
Name	4 21 11 2
Last First Middle	Are you 21 or older? Yes No
Social Security Number:	Date of Birth:aaa (for jobs with minimum
Address:	age requirements) if you are applying for a job with minimum age requirements, you may be required to submit proof of age
City: State:	Are you a citizen of the United States or do you
Zip:	have a valid work permit? Yes No
HEALTH	
Would you take a physical examination, if required? Yes Date of last T.B. Test	
MILITARY	
Military Status:	
Active Duty Service:	
Branch of Service:	
Are you a member of a Reserve Organization? Yes	No

were you ever employed ner	of Voc No If you Whom?
Have you ever applied here b	e? Yes No If yes, When?
If yes, name of Employee:	
	d of any law violation, excluding a minor moving traffic violation? se Explain:
Have you ever been convicted If yes, Explain:	d of a major traffic violation, (i.e. DWUI, DUI)? Yes No
Have you ever been listed on If YES, which State?	the Child Abuse/Neglect Registry? Yes No
Upon employment, do you ag check? Yes No	gree to a Criminal background check, and an Abuse/Neglect background
	uring the past six months? Yes No
	et to be engaged in any other business or employment Yes No
Has your driver's license even	license? Yes No State Class r been suspended or revoked in the last three years? Yes No
Education: What is the high Name/Location School	

Work History

Experience: The selection process for most positions involves an evaluation of education and experience. It is important, therefore, that you provide enough details so your qualifications can be properly evaluated. Start with your present job and work back. Include military service, volunteer experience, and any period(s) of unemployment. Additional experience forms are available if needed.

[1] Employer:				
Address:				-
Job Title:				
Immediate Supervisor/Title:		I	Phone:	
Immediate Supervisor/Title: Employment: From	To	Salary (Start)\$	Final \$	
Duties:		Swill (Swit) \$\pi	1 M u 1	
Reason for leaving:				
Reason for leaving:				
[2] Employer:				
Address:				
Job 11tie:				
Immediate Supervisor/Title:			Phone:	
Immediate Supervisor/Title: Employment: From	To	Salary (Start)\$	Final \$	
Duties:				
Reason for leaving:				
[3] Employer:				
Address:				
JOU TILIE.				
Immediate Supervisor/Title:			Phone:	
Immediate Supervisor/Title: Employment: From	To	Salary (Start)\$	Final \$	
Duties:				
Descon for lessing:				
Reason for leaving:				
[4] Employer:				
Address:				
Job Title:				
Immediate Supervisor/Title:			Phone:	
Immediate Supervisor/Title: Employment: From	То	Salary (Start)\$	Final \$	
Duties:				
Reason for leaving:				

Is any additional information relative to check your employment record? Are you presently employed?	additional information relative to change of name, use of assumed name, or nickname necessary to enable us ck your employment record? Yes No(Name) upresently employed? Yes No If Yes, may we contact your present employer? Yes No					
Have you every been fired from a job	or asked	to region?	y we contact your present employer:	Yes	No	
REFERENCES : List three references. People who know you personally. Do not use relatives or present or former supervisors or employers. Please print name, address and telephone number for each reference.						
		-				
Address:						
CityTelephone: ()		_ State _Occupation:	Zip Code:			
Name:						
Address:CityTelephone: ()		_ State _Occupation:	Zip Code:			
Name:						
Address:CityTelephone: ()		StateOccupation:	_ Zip Code:			
INVESTIGATIVE CONSUMER REPORT In making this application for employment, it is understood that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation.						
AFFIDAVIT I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in the questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons named above from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause. The employer's only obligation being to pay salary or wages due and owing at the time of the termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.						
the company to acquet from my fr	nai pay		mes due and owing to the company	•		

Date:

Signature:_