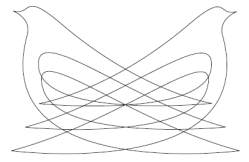


EMPLOYMENT APPLICATION

We are a drug free work environment.



Villa St Francis

Equal Opportunity Employer: All qualified applicants will receive equal consideration regardless of race, color, sex, marital status, national origin, veteran status, sexual orientation, disability, age, religion or any other protected basis as prohibited by law.

PERSONAL INFORMATION

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

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No.: _____ Cell Phone No.: _____

Email Address: _____ Social Security No.: _____

Are you at least 16 years of age?: Yes No

When are you available to begin work: _____ Desired Salary: _____

Are you authorized to work in the U.S for any employer? Yes No

Have you ever been employed by Villa of St. Francis or Child Development Center of St. Joseph? Yes No

If yes, title _____ From: _____ To: _____ Manager: _____

Do you have friends or relatives that are employed with the Villa of St. Francis or Child Development Center of St. Joseph? Yes No

If yes, name and position held: _____

Have you been convicted of any offense other than a minor traffic violation (e.g. speeding, parking tickets)? Yes No

If yes, list dates and nature of charges: _____

Do you have any pending charges in a court of law? Yes No If yes, list dates and nature of charges: _____

Pending charges and prior convictions are only considered when they substantially relate to the position for which you are applying.

POSITION INFORMATION

Position applying for: _____ Today's Date: _____

Check all that apply: Full Time Part Time If Part Time, how many hours per week? _____

On Call Temporary If Temporary, time period available _____ Shift Preference: First Second Third

Hours available for work: _____

Circle days available for work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Are you willing to work alternating weekends: Yes No

PREVIOUS EMPLOYMENT

List present or most recent position first, then work backward; include part time employment

Current or Most Recent Employer: _____
Address: _____ May we contact this employer: Yes No
City: _____ State: _____ Zip: _____
Job Title: _____ Dates Worked: From: _____ To: _____
Total Time Worked: Years _____ Months: _____ Hours Worked Per Week: _____
Starting Salary: _____ Ending Salary: _____
Supervisor's Name: _____ Phone No.: _____
Duties performed: _____

Reason for leaving / explain any gaps in employment: _____

Previous Employer: _____
Address: _____ May we contact this employer: Yes No
City: _____ State: _____ Zip: _____
Job Title: _____ Dates Worked: From: _____ To: _____
Total Time Worked: Years _____ Months: _____ Hours Worked Per Week: _____
Starting Salary: _____ Ending Salary: _____
Supervisor's Name: _____ Phone No.: _____
Duties performed: _____

Reason for leaving / explain any gaps in employment: _____

Previous Employer: _____
Address: _____ May we contact this employer: Yes No
City: _____ State: _____ Zip: _____
Job Title: _____ Dates Worked: From: _____ To: _____
Total Time Worked: Years _____ Months: _____ Hours Worked Per Week: _____
Starting Salary: _____ Ending Salary: _____
Supervisor's Name: _____ Phone No.: _____
Duties performed: _____

Reason for leaving / explain any gaps in employment: _____

ADDITIONAL EMPLOYMENT HISTORY

List any additional employment not indicated thus far.

Name and Address of Employer	Type of Business	Position Held	From Date	To Date	Salary	Reason For Leaving

List other skills, qualifications or experiences you believe may be related to the job for which you are applying: _____

Have you ever been discharged or asked to resign from a job? Yes No If yes, provide details: _____

VOLUNTEER/COMMUNITY EXPERIENCE

Organization	Role
Dates	Related experience

Organization	Role
Dates	Related experience

CLERICAL SKILLS

Typing Skills – WPM	MS Word <input type="checkbox"/> Yes <input type="checkbox"/> No	MS Excel <input type="checkbox"/> Yes <input type="checkbox"/> No	MS PowerPoint <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Billing <input type="checkbox"/> Yes <input type="checkbox"/> No	Other office skills:	
List other office machines or software with which you are familiar			

PROFESSIONAL REFERENCES

Please list three professional references. At least 2 of your references should be prior managers/supervisors who can provide information regarding your work performance.

Name: _____ Title: _____

Address: _____ Phone Number: _____

Relationship: _____ How long known: _____

May we contact this reference? Yes No

Name: _____ Title: _____

Address: _____ Phone Number: _____

Relationship: _____ How long known: _____

May we contact this reference? Yes No

Name: _____ Title: _____

Address: _____ Phone Number: _____

Relationship: _____ How long known: _____

May we contact this reference? Yes No

EDUCATION

School Name	City and State	Last Grade Completed	Date Graduated	Degree/Major
High School			 	
Trade, Vocation or Technical School				
College or University				
Additional / Other Training				
Honors or Awards Received:				
Student activities or internships you participated in and positions held, if any? Omit any that would identify race or ethnic identity.				

PROFESSIONAL LICENSES, ETC.

Type of Certification, Registration, or License	Issuing Organization	Certification or Registration No.	State	Expiration Date
Are you CPR and/or First Aid Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration: _____				

PROFESSIONAL MEMBERSHIP/AFFILIATIONS

Organization	Membership	Date	Certification/Committee/Other

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that the information provided by me on this application is true and correct without misrepresentations or omission of any kind whatsoever, and I understand that if any of this information is discovered to be incorrect, false or misleading, or if there are any misrepresentations or omissions of any kind whatsoever, it will be sufficient cause for denial of employment or my discharge at any time. I agree that Villa St. Francis and/or Child Development Center of St. Joseph shall not be liable in any respect if my employment is terminated for any of those reasons.

I understand that Villa St. Francis and/or Child Development Center of St. Joseph will verify and investigate the information provided on this application including education, employment, pending charge and criminal conviction information in the State of Wisconsin and all other states resided in within the past 10 years.

I understand my admission to a pending charge, conviction record for a felony; misdemeanor or ordinance violation (other than traffic) does not necessarily disqualify me from employment since the nature of the offense, date and type of job for which I applying will be considered.

I authorize all person, employers, schools, and organizations, listed above to give any information to Villa St. Francis and/or Child Development Center of St. Joseph that they may have regarding me. I hereby release those persons, employers, schools, and organizations and all individuals from all liability including any claim for damages for releasing this information to Villa St. Francis and/or Child Development Center of St. Joseph.

I understand that if offered a position with Villa St. Francis and/or Child Development Center of St. Joseph, I must satisfactorily complete a physical assessment, which includes an examination and a drug screen as a condition of employment.

By signing this application, I understand that no contract of employment exists between Villa St. Francis and/or Child Development Center of St. Joseph and myself. My employment will be "at will: which means either I or Villa St. Francis and/or Child Development Center of St. Joseph may terminate the employment relationship for any reason for anytime without liability.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment by Villa St. Francis and Child Development Center of St. Joseph.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on the application by me.

Applicant Signature

Date

Equal Employment Opportunity Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Name: _____ Date: _____

Position applied for: _____

Gender: Male Female

Are you Hispanic or Latino?

Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

No, I am **not Hispanic or Latino**.

Only complete this section if you checked "No, I am not Hispanic or Latino" in the Ethnicity section above: Select **ONE** of the following categories:

- White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black or African American – A person having origins in any of the Black racial groups of Africa
- American Indian/Alaskan Native – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Native Hawaiian or Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island
- Two or more races – All persons who identify with more than one of the above races

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran of the Vietnam Era
Means a person who: (1) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975, in any other location |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Disabled Veteran
Means (i) a veteran of the U.S. military, ground, naval, air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S. C 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Protected Veteran
Includes any veteran who served on active duty in the U.S. military, ground, naval, air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense |
| <input type="checkbox"/> | <input type="checkbox"/> | Recently Separated Veteran
Any veteran who served on active duty in the U.S. military, ground, naval, air service during the one year period beginning on the date of such veteran's discharge or release from active duty |
| <input type="checkbox"/> | <input type="checkbox"/> | Armed Forces Service Medal Veteran
Any veteran who, while service on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985 |

How did you hear about our job opportunity? Mail Newspaper Open House Employee Friend
 Instructor Relative Other _____



I do not wish to self identify.

Signature