

Application for Employment

Sisters of Saint Joseph of Northwestern Pennsylvania is an Equal Opportunity Employer

Please print or type all information on this application

Date _____

Have you filed an application here before? Yes No Date Filed: _____

Identification	Last Name		First Name		Middle Initial		
	For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations listed below? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify name						
	Street and Number		City		State	Zip Code	
	Telephone Number		Another Telephone Number Where You May Be Reached				
	Are you able at the time of employment to submit verification of your legal right to work in the U.S.? (Verification and completion of Form I-9 must be completed no later than three business days after date of hire) Yes <input type="checkbox"/> No <input type="checkbox"/>						

Position Applied For

Availability:

DAYS (1st Shift)

EVENINGS (2nd Shift)

NIGHTS (3rd Shift)

WEEKDAYS (M-T-W-TH-F)

WEEKENDS (SAT-SUN)

FULL TIME

PART TIME - _____ HRS./WEEK

FLEX

PER DIEM

Present or Last Employment	Name of Present or Last Employer		Type of Business		Address		
	Starting Date	Leaving Date	Starting Pay	Final Pay	Reason for Leaving		
	Mo. & Year	Mo. & Year					
	Job Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Name of Supervisor		Supervisor's Job Title	May We Contact?	
	Description of Work and Responsibilities					Phone: ()	
Previous Employment	Name of Employer		Type of Business		Address		
	Starting Date	Leaving Date	Starting Pay	Final Pay	Reason for Leaving		
	Mo. & Year	Mo. & Year					
	Job Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Name of Supervisor		Supervisor's Job Title	May We Contact?	
	Description of Work and Responsibilities					Phone: ()	
Indicate all Jobs Held in Order of Employment	Name of Last Employer		Type of Business		Address		
	Starting Date	Leaving Date	Starting Pay	Final Pay	Reason for Leaving		
	Mo. & Year	Mo. & Year					
	Job Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Name of Supervisor		Supervisor's Job Title	May We Contact?	
	Description of Work and Responsibilities					Phone: ()	
Indicate all Jobs Held in Order of Employment	Name of Employer		Type of Business		Address		
	Starting Date	Leaving Date	Starting Pay	Final Pay	Reason for Leaving		
	Mo. & Year	Mo. & Year					
	Job Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Name of Supervisor		Supervisor's Job Title	May We Contact?	
	Description of Work and Responsibilities					Phone: ()	



Education	Name of School	Location (City and State)	Did You Graduate?		Degree Obtained	Course or Major Study
			Yes	No		
	High School/GED					
	Vocational School					
	College or University					
	Graduate Study					
	Special Training <input type="checkbox"/> Power Point <input type="checkbox"/> Excel <input type="checkbox"/> Word <input type="checkbox"/> Access					
Professional Registration or Licensure _____ Type _____ Date Registered _____ Number _____ State _____						
CPR Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration Date _____						

Other Information	Have you ever been convicted of a felony? Note: This question does not apply to convictions which have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the position(s) for which you are applying may be taken into consideration.) Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please describe fully the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction(s).
	For the purpose of complying with the Sisters of Saint Joseph Employment of Relatives policy, are you related to anyone employed within the Sisters of Saint Joseph of Northwestern Pennsylvania? If so, whom? _____ Relationship _____
	Were you previously employed by us? Yes <input type="checkbox"/> No <input type="checkbox"/>
	How did you find out about employment at Sisters of Saint Joseph? Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Other Internet <input type="checkbox"/> Friend <input type="checkbox"/> Current Employee <input type="checkbox"/> _____ Name Other <input type="checkbox"/>

References	Name (Not an Employer or Relative)	Phone ()	Complete Mailing Address	Occupation
		()		
		()		
		()		

Please Read Carefully and Initial Each Paragraph Before Signing

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. Initials _____

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with Sisters of Saint Joseph of NWPA.

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with Sisters of Saint Joseph of NWPA.

I hereby certify that the information given by me is true in all respects. I authorize Sisters of Saint Joseph of NWPA and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and, to the extent permitted by law, release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

I understand employment with Sisters of Saint Joseph of NWPA is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

If hired, I agree to conform to the policies and standards of conduct/rules of Sisters of Saint Joseph of NWPA and I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law.

I understand that no representation, whether oral or written, by any representative or agent of Sisters of Saint Joseph of NWPA, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of Sisters of Saint Joseph of NWPA has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Sisters of Saint Joseph of NWPA Leadership.

I certify that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Note: An offer of employment is conditioned upon complying with Sisters of Saint Joseph's requirements including, but not limited to signing a Consent to Conduct a Background Check.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's Signature _____ Date _____

Sisters of Saint Joseph of Northwestern PA prohibits discrimination based on age, sex, race, color, religion, creed, ancestry, national origin, or disability. Sisters of Saint Joseph is committed to complying with the Americans with Disabilities Act. Please let us know if there are any reasonable accommodations we may provide for you during the application process.

If you are a minor, can you produce the work certificate necessary to obtain employment?
Yes No