

SISTERS OF THE PRESENTATION

of the Blessed Virgin Mary

2360 Carter Road | Dubuque, IA 52001 | 563.588.2008 | www.dbqpbvms.org

Employment Application

Date of Application: _____

APPLICANT INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Permanent Address (if different): _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____ Home Phone: _____

How did you learn about this opening? _____ Current Employee (list name) _____

Sisters of the Presentation Website Indeed.com AccessDubuqueJobs.com Newspaper Ad Social Media

_____ Other _____

Have you ever applied to/or worked for the Sisters of the Presentation before? Yes No

If yes, please explain (include position and dates): _____

Do you have any friends, relatives, or acquaintances working for the Sisters of the Presentation? Yes No

If yes, state name and relationship: _____

EMPLOYMENT DATA:

Position(s) applying for: _____

Please list your qualifications for the position(s) for which you are applying:



Do you want full-time or part-time employment: Full-time Part-time PRN Any

Desired Shift: Day (1st) Evening (2nd) Night (3rd) Any

Are you willing to work weekends? Yes No

If you are under the age of 16, are you able to provide a work permit? * Yes No *(A work permit is required.)

If hired, when are you available to start working? _____/_____/_____

Salary Desired: \$ _____

Are you able to perform the essential functions of the job for which you are applying as stated in the job description?

Yes No If no, describe the functions that cannot be performed: _____

(Note: This organization complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, briefly describe the nature of the offense(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

EDUCATIONAL BACKGROUND (High School/College/University/Vocational School)

School Name	Location/Address	Number of Years Attended	Degree/Diploma/ Certificate/ Other Received

Academic Accomplishments/Experiences

EMPLOYMENT HISTORY *(Begin with your most recent work experience. *(Required)*

Employer Name: _____ Position Title: _____

City: _____ State: _____

Supervisor's Name*: _____ Contact Phone: _____

May we contact this employer? Yes No At a Later Date

Employment Dates: From: _____ To: _____ Last Rate of Pay: _____

Reason for Leaving*: _____



Employer Name: _____ Position Title: _____

City: _____ State: _____

Supervisor's Name*: _____ Contact Phone: _____

May we contact this employer? Yes No At a Later Date

Employment Dates: From: _____ To: _____ Last Rate of Pay: _____

Reason for Leaving*: _____



Employer Name: _____ Position Title: _____

City: _____ State: _____

Supervisor's Name*: _____ Contact Phone: _____

May we contact this employer? Yes No At a Later Date

Employment Dates: From: _____ To: _____ Last Rate of Pay: _____

Reason for Leaving*: _____

A resume may be attached/uploaded as part of the application process.

REFERENCES *(List three persons, not related to you, but who know something of your work/academic background and/or your character).*

Reference Name	Relationship <i>(what capacity do you know this individual)</i>	Years Acquainted	Contact Phone

APPLICANT'S CERTIFICATION AND AGREEMENT

- I certify that the information set forth in the above employment application is true and complete to the best of my knowledge and authorize Sisters of the Presentation to verify the accuracy and to obtain reference information on my work experience/ performance.
- I release all previous employers, schools, and credit reporting agencies, etc. from any liability in supplying information to the Sisters of the Presentation to investigate any or all statements made on this application and any pertinent related information.
- I hereby release Sisters of the Presentation from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.
- I understand that, if employed, falsified statements of any kind or omissions of facts requested on this application shall be considered sufficient basis for my employment to be terminated.
- I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment of the Sisters of the Presentation.
- I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.
- I understand that if selected for employment, I will be required to submit to a background check (except minors).
- I understand that any employment offered is for an indefinite duration and at-will and that either I or the employer may terminate my employment at any time with or without notice or cause.
- If hired, prior to my first day of work, I will be required to verify that I am legally eligible for employment in the United States.

I have read, understand and agree to the above statements.

Signature of Applicant

Date

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

I Agree. Please check this box to consent to allowing your data to be stored within the guidelines outlined in our privacy policy.

