

Employment Application We are an Equal Opportunity Employer

Date:

Applicant Information				
Name (First, middle, last)		Social Securit	y Number	
Street Address				
		1=		
City, State, Zip Code		Telephone & B	Best time to call	
		()		
Are you legally authorized to work in the U.S.?				
(If hired, you will be required to p	provide proof of work author	orization)		
Are you at least 18 years old?		☐ Yes ☐	No	
If not, your employment will be s type of work you are applying for	ubject to verification that y	ou met state/federal minim	um age requirements for the	
type of work you are applying for	and have obtained a valid			
Have you ever applied at SSND	before?	Have you ever worked at SSND before?		
☐ Yes ☐ No If yes, when:		☐ Yes ☐ No If yes, when:		
	on Applying For Part-time or Full- Wage			
Position Applying For	Part-time or Full-	Wage Preference	Days and Shifts	
Position Applying For	Part-time or Full- Time Desired	Wage Preference	Days and Shifts Available	
Position Applying For		Wage Preference		
Position Applying For		Wage Preference		
Position Applying For		Wage Preference	Available MTWTHFSatSun	
Position Applying For		Wage Preference	AvailableMTWTHF	
Position Applying For		Wage Preference	Available MTWTHFSatSun What shifts are you	
Position Applying For When can you start?		Wage Preference	Available MTWTHFSatSun What shifts are you	
When can you start?		Wage Preference	Available MTWTHFSatSun What shifts are you	
	Time Desired		Available MTWTHFSatSun What shifts are you	
When can you start?	Time Desired	Walk-in ☐ Friend/Re	Available MTWTHFSatSun What shifts are you available to work?	
When can you start?	Time Desired Agency Newspaper	Walk-in ☐ Friend/Re	Available MTWTHFSatSun What shifts are you available to work?	
When can you start? How were you referred?	Time Desired Agency Newspaper Scall? Yes	Walk-in ☐ Friend/Re	Available MTWTHFSatSun What shifts are you available to work?	

Special Skills					
Describe software knowledge an	d office equipment exp	erience.			
Describe mechanical experience		Describe foreign language skill	S.		
Employment History (s	tart with most re	ecent; use separate sheet	if necessary. Do		
not state "see resume"					
Name of Employer		Telephone ()			
Address					
Job Title		Employment Dates (month and	Employment Dates (month and year)		
Name of Immediate Supervisor		From	То		
Description of Duties					
Salary – start	Salary – End	Reason for Leaving			
Odiary – Start	——————————————————————————————————————	reason for Leaving			
If currently employed, may we co	entact as a reference?	☐ Yes ☐ No			
in currently employed, may we co	intact as a reference!	□ Tes □ NO			
Name of Employer		Telephone ()			
Address					
Job Title		Employment Dates (month and	l year)		
Name of Immediate Supervisor		From	То		
Description of Duties					
Salary – start	Salary – End	Reason for Leaving	_		
-	Salary – Eriu				
Name of Employer		Telephone ()			
Address					
Job Title		Employment Dates (month and	l vear)		
Name of Immediate Supervisor		From	То		
Description of Duties					
Salary – start	Salary – End	Reason for Leaving			
	, —				

Name of I	Employer	Telephone	()	
Address				
Job Title		Employmen	t Dates (month and y	rear)
Name of I	mmediate Supervisor	From		То
Description	n of Duties	<u> </u>		
Salary – s	start Salary – End	Reason for	Leaving	
Educat	ion			
School	Name and Location (city, state)	No. Years Attended	Major Subjects	
				Diploma or Degree Rec'd
High				
High College				Degree Rec'd
High				Degree Rec'd
				Degree Rec'd Yes No Yes No

☐ Yes ☐ No

Type:

Other

Training Cou	ırses					
List any relevant	training progra	ms completed.				
Course/Seminar	Organization	Sponsoring		Content		Dates Attended
Required Lic	ense(s)					
If required to drive 1) driver's license		for the job applying fo	r, state yo	our:	2) state issu	ed
Are you licensed v	with any group, a	ssociation or society r	elating to	the job for wh	ich you are app	olying? Yes No
Registration or Lic	ense number	State Issued			Expiration	Date
Employment	References					
		b qualifications (no re	latives or	personal frier	ıds).	
Name and Addres	ss				Day Telephon	ne ()
					Evening Telep	phone ()
Relationship					How long kno	wn?
Name and Addres	SS				Day Telephon	ne ()
					Evening Telep	
Relationship					How long know	wn?
Name and Addres	SS				Day Telephon	
					Evening Telep	,
Relationship					How long kno	wn?

Please Read Carefully Before Signing This Form

- 1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
- 2. Application materials will be held for the time period required by law.
- 3. I authorize SSND to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
- 4. I understand that SSND offers of employment are contingent upon my consenting to and satisfactorily completing a screening for illegal drugs. I also understand that upon receiving a job offer, a physical examination may be required. (Note: If a physical examination is a job requirement, you will be notified.)
- 5. I understand that SSND may conduct a Criminal Background Check to confirm my responses on this application form.
- 6. Regardless of whether or not I become employed by the School Sisters of Notre Dame, I recognize that this application is not and should not be considered a contract of employment. I understand that employment is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or, unless specifically provided otherwise in a written employment contract. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time, at either my or the employer's option. I further understand that no employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

7.	SSND is an equal opportunity employer. SSND does not discriminate in employment and no question on this
	application is used for the purpose of limiting or excusing any applicant's consideration for employment on a
	basis prohibited by local, state or federal law.

Signature of Applicant	Date
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