

APPLICATION FOR EMPLOYMENT

St. Vincent de Paul Louisville
 PO Box 17126
 Louisville, KY 40217-0126

Applicants will receive consideration without discrimination because of race, creed, color, gender, age, national origin, disability, sexual identity/orientation, veteran status or any other classification protected by law.

Last Name		First	Middle Initial	Date
Street Address				Mobile Phone ()
City, State, Zip				Email Address
Have you every applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____				Social Security Number:
Position Desired:				Pay Expected:
Are you available for full time work? Yes <input type="checkbox"/> No <input type="checkbox"/> If not what hours can you work?				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				Date available for work:
Have you ever been arrested for or convicted of a felony or misdemeanor? Yes No				Describe:

(You will not be denied employment solely because of a conviction record. The offense, rehabilitation length, work history since offense may all be used to determine employment eligibility).

Other special training of skills (languages, certifications, etc): _____

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate	Degree or Diploma
Graduate					
College					
Business/ Trade/Technical					
High School					
Elementary					

REFERENCES: Give the names of 3 persons not related to you whom you have known at least one year.

Name	Address	Phone No.	Business	Yrs. Known

EMPLOYMENT HISTORY (start with most recent)

Company Name	Telephone No. ()
Address	Employment Dates (state month and year)
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe your Work	Reason for Leaving
Company Name	Telephone No. ()
Address	Employment Dates (state month and year)
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe your Work	Reason for Leaving
Company Name	Telephone No. ()
Address	Employment Dates (state month and year)
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe your Work	Reason for Leaving

May we contact the employers listed above? Yes No If no, which one(s)?

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I also understand that the employment relationship between SVDP and its employees is defined by the "employment-at-will" document established by Kentucky law. The employment-at-will essentially means that a employee and the Society each are free to terminate this employment relationship at any time, with or without cause.

Applicant Signature

Date