



EMPLOYMENT APPLICATION St. Vincent de Paul Society of Lane Country, Inc.

This application is only active for 90 days.

Applicant Name:		Date of Application:
Applicant Address:		
Applicant Telephone:	Applicant Email Address:	
Position Applying for:	Salary Desired:	If hired, first day available:
Have you previously applied for work with SVdP?	Yes: <input type="checkbox"/> <i>If yes, when:</i>	No: <input type="checkbox"/>
Have you ever been employed at SVdP?	Yes: <input type="checkbox"/> <i>If yes, when:</i>	No: <input type="checkbox"/>
Do you know anyone employed at SVdP?	Yes: <input type="checkbox"/> <i>If yes, who:</i>	No: <input type="checkbox"/>
Are you currently employed?	Yes: <input type="checkbox"/> <i>If yes, may we contact your current employer: <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	No: <input type="checkbox"/>

EDUCATIONAL BACKGROUND

Education: Schools (High School, Trade School, or College)	
Degree or Certificate Earned	
Specialized Skills, Machinery, Tools, Licenses/Certifications	
Additional Applicant Comments	

WORK EXPERIENCE

List names of previous employers in consecutive order with present or last employer listed first.

Employer:		Type of Business:	
Address:		Dates Employed:	
Job Title:		Phone Number:	
Job Duties/Work Performed:			
What did you like most about this job?		What did you like least about this job?	
Reason for Leaving:			

Employer:		Type of Business:	
Address:		Dates Employed:	
Job Title:		Phone Number:	
Job Duties/Work Performed:			
What did you like most about this job?		What did you like least about this job?	
Reason for Leaving:			

Employer:		Type of Business:	
Address:		Dates Employed:	
Job Title:		Phone Number:	
Job Duties/Work Performed:			
What did you like most about this job?		What did you like least about this job?	
Reason for Leaving:			

Personal/Professional References *Do Not Include Family Members*

Name	Phone Number	Relationship	How long have you known them?

AFFIDAVIT

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application, may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing as required by the Company.

I authorize the Company to conduct a criminal history check and understand that unexpunged criminal convictions may be considered by the Company in making hiring decisions.

I agree to conform to all the Company’s policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Company has the same right.

Signature _____ Date _____

<p>This company is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran state, or any other characteristic protected by law.</p>

**Equal Employment Opportunity
Employee Self-Identification Voluntary Self – Identification Form**

SVdP is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provision of applicable laws, executive orders, and regulations.

Name:	Date Applied:	Position applied for:

GENDER: (Please check one of the options below)

- Male
- Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino): 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 American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
- I do not wish to disclose.

CONFIDENTIAL