Holy Family Convent 2409 S. Alverno Rd. Manitowoc, WI 54220-9340 (920) 682-7728

APPLICATION FOR EMPLOYMENT

To the applicant: It is the policy of Holy Family Convent to extend employment opportunity to qualified applicants on a non-discriminatory basis and without regard to race, color, creed, religion, national origin, age disability, sex, sexual orientation, marital status, arrest record, ancestry or any other characteristic protected by law. HFC will give full consideration to the employment of disabled or handicapped persons and will make reasonable accommodations. We are an Equal Opportunity Employer.

Date of Application		Date Available			
Applicant Name		Phone Number			
Ok to text?	Yes 🔿 No 🔿	E-Mail? Yes O No O If yes for E-mail, E-mail add	ress		
POSITION(S)	APPEYING FOR:				
1.		Shift	Full Time 🔿 Part Time 🔿		
2.		Shift	Full Time 🔿 Part Time 🔿		
3.		Shift	Full Time 🔿 Part Time 🔿		
	nber of hours desired ptable Yes () No ()	per week			
How or by who	were you referred to	us?			
Have you been If yes, when	employed by Holy Fa	mily Convent before? Yes 🔿 No Position	»О		

THANK YOU FOR APPLYING AT HOLY FAMILY CONVENT.

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PERSONAL DATA

Last Name	First Name	Mide	dle Name	
Address			Apt. No	
City	S	tate	Zip Code	
EDUCATION (optional)				
Name & Address of High School				
Did you graduate? Yes O No O If you did not graduate, number of years				
Name & Address of College				
Degree, Course of Study		Did you gradua	te? Yes O _{No} O	
If you did not graduate, number of years				
Name & Address of Other Schoo)l			
Diploma, , Degree, Course of Stud	ly	Did you	graduate? Yes O _{No} O	
If you did not graduate, number of	years			
PROFESSIONAL DATA				

List registration, certificate or license number if applicable, i.e. nursing, CPR, professional license number, etc.

License Number: Type: Member of the following professional organizations: Expiration Date:

JOB FUNCTIONS

Can you perform the essential functions for each job for which you are applying? Yes \bigcirc No \bigcirc If answered no, can you perform the essential functions for each job for which you are applying with reasonable accommodations? Yes \bigcirc No \bigcirc If you answered yes, what reasonable accommodations would you suggest?

GENERAL DATA

Salary Expected: Computer Skills and/or Knowledge Yes O No O Person(s) at Holy Family Convent with whom you are acquainted?

Have you ever been convicted for any offense other than a minor traffic offense? (A conviction will not necessarily bar you from employment) Yes O No O If yes, explain

MILITARY DATA

Veteran Yes O_{No}O_{Training received in service}

Branch of Service

Reserve Status

EMPLOYMENT HISTORY

Name of Present or Last Employer

Address		City		State	Zip
Immediate Supervisor			Phone Number		
Dates Employed From	То	Starting	Salary	Final Salary	
Your Title & Job Description					
Full Time O Part Time O If Part T	ime, No of Hour	S	May we contact your pr	esent/last empl	oyer? Yes O _{No} O
Reason Considering Change					
Name of Another Employer					
Address		City		State	Zip
Immediate Supervisor			Phone Number		
Dates Employed From	То	Starting	Salary _ Fir	al Salary	
Your Title & Job Description					
Full Time O Part Time O If Part T	ime, No of Hour	S	May we contact your pr	esent/last empl	oyer? Yes O _{No} O
Reason Considering Change					
Name of Another Employer					
Address		City		State	Zip
Immediate Supervisor			Phone Number		
Dates Employed From	То	Starting	Salary	Final Salary	
Your Title & Job Description					
Full Time O Part Time O If Part T	ime, No of Hour	s	May we contact your pr	esent/last empl	oyer? Yes O _{No} O
Reason Considering Change					

Please read before signing next page: I certify that the information contained within the application, background information disclosure form, and any other materials submitted are correct to the best of my knowledge and understand that any misrepresentation or omission of information requested on these materials is grounds for immediate dismissal. In consideration of my employment I agree to conform to all rules and regulations of Holy Family Convent (HFC). I understand that if employed by HFC, none of the conditions or policies explained to me shall constitute either a guarantee or an employment contract. I understand that my employment and compensation can be terminated at any time at the option of either HFC or myself due to changing business conditions. HFC reserves the right to alter policies or conditions at any time. I understand that HFC operates 24 hours per day, 7 days per week, and that weekend/holiday work or changes of shift or hours may be required during my employment.

I authorize HFC to investigate my background, references, employment records, and other matters related to my suitability for employment. I also authorize any background information or reference source to provide HFC with any and all information concerning my previous and current records along with any other pertinent information that they may have, personal or otherwise, without giving me prior notice of such disclosure. I release HFC, along with all background information and reference sources, from any and all liabilities for any damage that may result from investigation or disclosure of such information. I also understand that my employment at HFC is conditional upon satisfactory completion of a background information check and a physical examination which includes alcohol/drug screening. I understand that all results of this employment process, including the results of the background information check and the drug/alcohol screening test may be disclosed by HFC to my current or future employers, or to professional licensing boards and agencies. I authorize the release of the results of this screening process to such agencies, employers, and individuals and release HFC from all liabilities for any damage that may result from all liabilities for any damage that may result from all liabilities for any current or future employers.

I understand and agree that as a pre-condition to employment, and if employed, as a condition of continued employment that I may be required from time to time to accurately complete a background information disclosure form and to submit to drug and alcohol screening tests to determine compliance with the Drug/Alcohol Abuse and Screening Policy and that failure to cooperate will result in denial of employment and/or discharge.

Date Signature of Applicant

Applicant: Do not write in this area.

Human Resource Department Only

Applicant is Comments: Interview: Letter sent: Phone call:	Accepted	Not Accepted	Under Consideration	Explained: Benefits Rate of Pay 90 Day Orientation & Appraisal Annual Appraisal Physical
Signature			Date	
Department	t Only			
Applicant is Comments:	Accepted	Not Accepted	Under Consideration	Notes:

Signature

Date

Name Badge Ordered	DOB:	Soc.Sec. #
Physical Date	Hire Date	H.R. Orientation
Level/Shift	No. of Hours/PP	Dept. Orientation

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Revised: 01/18/2010, 04/19/2016, 11/06/2018 Reviewed: 09/25/2008