

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 No

If yes for E-mail, E-mail address

POSITION(S) APPEYING FOR:

- | | | |
|----|-------|---|
| 1. | Shift | Full Time <input type="radio"/> Part Time <input type="radio"/> |
| 2. | Shift | Full Time <input type="radio"/> Part Time <input type="radio"/> |
| 3. | Shift | Full Time <input type="radio"/> Part Time <input type="radio"/> |

If part time, number of hours desired per week

Weekends acceptable Yes No

How or by who were you referred to us?

Have you been employed by Holy Family Convent before? Yes No

If yes, when

Position

THANK YOU FOR APPLYING AT HOLY FAMILY CONVENT.

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EMPLOYMENT HISTORY

Name of Present or Last Employer

Address _____ City _____ State _____ Zip _____

Immediate Supervisor _____ Phone Number _____

Dates Employed From _____ To _____ Starting Salary _____ Final Salary _____

Your Title & Job Description _____

Full Time Part Time If Part Time, No of Hours _____ May we contact your present/last employer? Yes No

Reason Considering Change _____

Name of Another Employer

Address _____ City _____ State _____ Zip _____

Immediate Supervisor _____ Phone Number _____

Dates Employed From _____ To _____ Starting Salary _____ Final Salary _____

Your Title & Job Description _____

Full Time Part Time If Part Time, No of Hours _____ May we contact your present/last employer? Yes No

Reason Considering Change _____

Name of Another Employer

Address _____ City _____ State _____ Zip _____

Immediate Supervisor _____ Phone Number _____

Dates Employed From _____ To _____ Starting Salary _____ Final Salary _____

Your Title & Job Description _____

Full Time Part Time If Part Time, No of Hours _____ May we contact your present/last employer? Yes No

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 such disclosure.

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 Accepted Not Accepted Under Consideration
 Comments:

Explained:
 Benefits _____
 Rate of Pay _____
 90 Day Orientation & Appraisal
 Annual Appraisal
 Physical

Interview: _____
 Letter sent: _____
 Phone call: _____

 Signature Date

Department Only

Applicant is Accepted Not Accepted Under Consideration
 Comments: 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