

SISTERS of ST. JOSEPH

1020 State Street
Baden, PA 15005
www.stjoseph-baden.org

Application for Employment

Dear Sisters of St. Joseph Applicant:

Thank you for your interest in Sisters of St. Joseph (SSJ) as a potential employer. Sisters of St. Joseph is an Equal Opportunity Employer. All applicants are considered for positions without regard to race, creed, color, religion, sex, sexual orientation, national origin, ancestry, age, qualified disability or handicap, or veteran status.

Based upon the information you have provided, the appropriate department manager will review your application and if there is a need to schedule a personal interview, you will be contacted by phone or mail. Your application will be kept on file for one year.

Please follow these instructions when completing your application:

1. Please **print legibly in ink or type** all required information.
2. The application must provide all information requested to evaluate your job qualifications. In addition, you may attach a resume to complete the application. **A resume does not substitute for an application.**
3. Please remember that an incomplete application will **not** be considered.

Personal Information:

Date of Application: _____ Referral Source _____
Last Name _____ First Name _____ Middle Initial _____
Address _____
Telephone _____ Social Security Number _____

I affirm that I ____ have ____ have not been a resident of PA for at least two (2) years immediately preceding the date of the application for employment. If not, my previous addresses in the last two years are: *(Please use additional sheet of paper if needed.)*

Previous Address #1 _____

Previous Address #2 _____

If you are under 18 years of age, do you have a work permit? YES NO

If not an U.S. citizen, do you have the right to work in the U.S.? YES NO

Visa or Alien Registration # _____

Employment Desired:

Position applied for _____ Expected Pay per Hour \$ _____

Date available to start _____ Will accept: Full-Time Part-Time Other

Specify days and hours available, if part time _____

If Registered or License Practical Nurse, License # _____ Current license in PA? YES NO

Was your original license in PA? YES NO

If Certified Nursing Assistant, Registration # _____ Current certificate in PA? YES NO

Are you aware of any reason why you cannot perform the essential functions of the job for which you are applying with or without a reasonable accommodation? YES NO (If yes, please explain below)

Employment History:

List below your experience (starting with your present or most recent employer) for the last ten (10) years. Please account for all periods of unemployment and military service.

1. Name of employer _____ Job Title/Position Held _____
Address _____
Supervisor _____ Phone Number _____
Employment Dates: From _____ To _____ Salary Start \$ _____ Finish \$ _____
Reason for leaving _____
Briefly describe your job duties and work experience _____

**If still employed here, may we contact your employer? YES NO

2. Name of employer _____ Job Title/Position Held _____
Address _____
Supervisor _____ Phone Number _____
Employment Dates: From _____ To _____ Salary Start \$ _____ Finish \$ _____
Reason for leaving _____
Briefly describe your job duties and work experience _____

3. Name of employer _____ Job Title/Position Held _____
Address _____
Supervisor _____ Phone Number _____
Employment Dates: From _____ To _____ Salary Start \$ _____ Finish \$ _____
Reason for leaving _____
Briefly describe your job duties and work experience _____

(If additional space is required, please give necessary information on additional sheet(s) of paper)

Have you ever worked for Sisters of St. Joseph? YES NO If yes, when? From _____ To _____

Reason for Leaving _____

Supervisor _____

Names of relatives or friends employed by Sisters of St. Joseph: _____

Education History:

Level	Name/Address	Area of Study	Highest Level Completed	Diploma/ Certificate / Degree
High School				
College				
Other				

Please describe any special skills and/or training, volunteer/community services, you possess that you feel are related to the position for which you are applying (include certifications and licenses).

Personal References:

Please provide the names and phone numbers of three (3) personal references (not personal friends, relatives, or persons with whom you reside) who can provide a character reference for you.

	<u>Name</u>	<u>Phone Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Other Required Information:

Resident Abuse:

Have you ever been dismissed from employment due to abuse of a client or resident (including physical, mental, sexual abuse, neglect, abandonment, or exploitation)? YES NO

Criminal History:

Have you ever been convicted of a crime? YES NO If yes, please describe fully the criminal conviction(s), the nature of the offense, your age at the time of the offense, and your rehabilitation since the conviction(s). ***A conviction will not necessarily be a bar from employment.*** However, there are specific criminal convictions that prohibit employment under the Pennsylvania Older Adults Protective Services Act and others that may relate to your suitability for employment in the position for which you have applied. ***All applicants are required to submit to a criminal history check. Conviction of one or more of the crimes listed in the Older Adults Protective Service Act or the Nurse Aide Resident Abuse Act will result in denial of employment or enrollment in the Nurse Aide program.***

Applicant's Statement - Please read carefully and sign

I certify that the statements made on this application and any supplements are true and correct to the best of my knowledge and belief. I authorize Sisters of St. Joseph to contact any or all of my references and past employers for full information. I understand that any misrepresentation or omission of facts on this application (or supplements to it) will be sufficient cause for rejection of this application or immediate dismissal if discovery is found after my employment. Employment is at will. I understand that either **SSJ** or myself can terminate my employment at any time for any reason, with or without notice. Employment by **SSJ** will be a three (3) month orientation period. If employed by Sisters of St. Joseph, I agree to abide by its rules and regulations and to live out its mission. I understand that no employee or representative of **SSJ** has any authority to enter into any agreement for employment for any specified period of time. I submit to a criminal background check at the request of Sisters of St. Joseph and at no personal expense to me. If an FBI check is necessary, it will be at my personal expense.

I give my permission to any of my prior employers to release any information regarding my work experience and employment, including, but not limited to, job performance and disciplinary information. I hereby authorize **SSJ** to conduct this background and reference check and I release **SSJ** and its representatives from liability for seeking, gathering, and using such information. I release any individual or entity from liability whatsoever for providing **SSJ** with any information concerning my qualifications and suitability for employment. I authorize Sisters of St. Joseph to send a copy of this authorization to my previous employers.

Applicant's Signature

Date