



Sisters of Charity

of Cincinnati

5900 Delhi Road
Mount St. Joseph, Ohio 45051

APPLICATION FOR EMPLOYMENT

The Sisters of Charity of Cincinnati complies with the Federal and State EEOC/OCRC regulations and employment related laws (as amended) by providing equal employment opportunity for all employees and applicants regardless of, but not limited to, race, color, religion, sex, age, national origin, citizenship status, disability, genetic information, or veteran status.

**Please print all information necessary for employment consideration.
Incomplete or incorrect information may disqualify you for employment.**

Position(s) Applying For: 1) _____ 2) _____ 3) _____

Shift Preferred:

1st 2nd 3rd FT PT Any

Days/Hours Available: _____

Date Available: _____

Last Name _____ First _____ Middle _____ Date of Application _____

Street Address _____ Home Telephone (____) (____)

City _____ State _____ Zip _____ Other Telephone (specify) (____) (____)

Would you like to provide an email address? _____

Are you legally eligible for employment in the United States? YES NO Last 4 Digits of Social Security # _____

Are you at least 18 years of age? YES NO If NO, please list date of birth: _____

How did you hear about us? If referred, please indicate by whom? _____

Were you previously employed by Sisters of Charity? YES NO
If yes, list positions and dates of employment. _____

Do any of your relatives currently work for Sisters of Charity Motherhouse or Mother Margaret Hall?
 YES NO If yes, list name. _____

Please list all job related licenses or certifications which would qualify you for work at Sisters of Charity, i.e., nursing license.

CERTIFICATIONS		
TYPE	NUMBER	EXPIRATION DATE

Are you currently obliged by any employment contract or agreement which would prohibit your employment with Sisters of Charity? YES NO

If yes, please explain: _____

EDUCATION					
School	Name and Location of School	Course of Study	Number of Years Completed	Did You Graduate?	Degree or Diploma
Elementary					
Junior High/Middle					
High School					
Business/Trade/Technical					
College					
Graduate					

List other job related experiences, skills, qualifications, scholastic honors or licenses which you feel would qualify you for work with the Sisters of Charity.

MILITARY SERVICE RECORD
Did you serve in the U.S. Armed Forces? _____ If yes, what Branch? _____
Dates of Duty: From _____ To _____ Rank at Discharge _____

EMPLOYMENT HISTORY

List below, beginning with most recent, all present and past employment.

Please fill this section out even if you submitted a resume. **Add employers not listed on your resume.** Failure to complete all requested information including wages and dates of employment may delay or disqualify you from consideration. Add additional pages if needed.

Company Name		Telephone ()
Address		Employed (month and year) From To
Job Title	Supervisor and Title	
Job Responsibilities		Reason for Leaving
		May we contact this employer? Yes _____ No _____

Company Name		Telephone ()
Address		Employed (month and year) From To
Job Title	Supervisor and Title	
Job Responsibilities		Reason for Leaving
		May we contact this employer? Yes _____ No _____

Company Name		Telephone ()
Address		Employed (month and year) From To
Job Title	Supervisor and Title	
Job Responsibilities		Reason for Leaving
		May we contact this employer? Yes _____ No _____

Company Name		Telephone ()
Address		Employed (month and year) From To
Job Title	Supervisor and Title	
Job Responsibilities		Reason for Leaving
		May we contact this employer? Yes _____ No _____

REFERENCES

Name	Occupation	Day Phone Number
		()
		()
		()

PLEASE READ CAREFULLY



A Drug Free Workplace

Alcohol and Drug Screening Tests are administered as part of the post offer process and may occur during employment as specified in the Drug and Alcohol Free Policy.

APPLICANT'S AFFIRMATION

I declare the foregoing information to be a truthful and complete statement of facts which, if found false, will result in refusal of hire or termination of employment whenever such false statement is discovered.

I authorize any agency including but not limited to my former employers, references indicated, law enforcement agencies and all other sources deemed necessary to release any information necessary to make employment decisions. I release all parties concerned from any liability arising out of such investigation. I also understand that any offer of employment is contingent upon the successful completion of a post offer employment physical examination and criminal background check. I hereby release the Sisters of Charity from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

In consideration of my employment, I agree to comply with the rules and regulations of the Sisters of Charity. I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that if an offer of employment is made and accepted that **my employment is "at will" meaning my employment and compensation can be terminated with or without cause, with or without notice, at any time at the discretion of either the Sisters of Charity or myself.** I understand that no representative of the Sisters of Charity other than the President of the Sisters of Charity has any authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and any such agreement must be in writing, signed by the President.

Signature

Date

Applications are retained on file as required by law.