

ST. MADELEINE SOPHIE'S CENTER

APPLICATION FOR EMPLOYMENT

SMSC IS AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Information provided on this application will not be used for any discriminatory purpose.

Welcome to St. Madeleine Sophie's Center –we are please to review your application. Please provide all information as requested.

Last Name	First	Mid.Init.	Date of Application	Referred By
Name Used on Education/Employment Records			Position Applied For	Type of Work Desired
Street Address			Date open to start work	Wage Desired
City	State	Zip	Home Telephone	Work Telephone
			<input type="checkbox"/> Full Time	Hours Available:
			<input type="checkbox"/> Part Time	M – F:
			<input type="checkbox"/> Temporary	S / S :
			<input type="checkbox"/> Independent Contractor	Other

SMSC requires after employment offer is made and before beginning work with SMSC:

- SMSC policy requires a pre-employment physical, tuberculosis screening and drug / alcohol screening. The employer at its sole expense provides this examination. Every offer of employment is contingent upon an employee's successful completion of these examinations.
- Criminal Record Clearance. Conviction will not necessarily disqualify an applicant from employment. However, failure to disclose any conviction will disqualify an applicant or employee from employment.
- DMV Report – current report is required.
- Employment Record / References (You may attach a resume, but complete this application as well.)
- Proof of citizenship or immigration status will be required upon employment.
- If you are under 18 years of age, you must provide required proof of eligibility to work.
- Acknowledgement of receipt of SMSC Employment Handbook.

St. Madeleine Sophie's Center is an at-will employer in accordance with California Labor Code 2922

SMSC requires before beginning work –applicants must provide SMSC with certain information regarding their work background and experience.

- MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO
- IF NO PLEASE EXPLAIN: _____
- APPLICANTS FOR CLASS B DRIVER MUST SHOW EMPLOYMENT HISTORY FOR THE LAST 10 YEARS

Last or present company	Type of business	Type or classification of job
Street address	Phone number	Brief description of job duties
City	State	Zip code
Supervisor's name	Phone number	
Base salary	Dates worked From	To
Reason for leaving		

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Educational History

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High School							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

SMSC verifies all job related work experience and educational requirements including degrees, credentials and certifications as a condition of employment.

Administrative Support Skills

Only required if job related			
Typing	Yes	Words per minute:	Type of machines operated
			Years of experience
Dictation	Yes	Words per minute:	
	No		
Computer skills	Hardware		
	Software		
Please list other skills and/or equipment/language experience you have acquired			

U.S.Military Record

Branch of service	From	To
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Present military affiliation:		
None	Reserve (active)	Reserve (inactive)
Kinds of training and duty while in service		

Note to Applicants: You are not required to answer the following question and you will not be discriminated against for answering the question.

Would you require any reasonable accommodations to perform the essential functions of the job for which you have applied? † YES † NO

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)
 † YES † NO

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment. I understand that nothing in this application is intended to explicitly or implicitly represent that any applicant is promised and permanent employment. I understand that my continued employment is strictly "at will" and that the employment relationship can be terminated upon the will of the company or myself without cause and/or for any reason.

 Date

 Signature

VERIFICATION OF PREVIOUS EMPLOYMENT AUTHORIZATION AND RELEASE

In order for your application to be processed, this form must be completed and signed.

Previous Employer _____

Street Address _____

City, State and Zip _____

Dates of Employment: From _____ To _____

Soc. Sec. No: _____ Job Title: _____

Essential job duties: _____

I hereby authorize any and all former employers and its employees and representatives to provide all information they deem appropriate regarding my employment and job performance to St. Madeleine Sophie’s Center and any of its employees, representatives and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, and its agents, employees or representatives from any and all liability, claims, or damage that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Signature

Date

APPLICANT: DO NOT COMPLETE ANYTHING BELOW THIS LINE

The person named above has applied for employment with St. Madeleine Sophie’s Center and has indicated your company as an employment reference. With your cooperation and the prompt return of this completed form, we will be able to consider this applicant for employment.

Is the information provided above correct? _____ If not, please make the necessary corrections.

Please check the rating that best describes this person’s most recent employment experience.

	Outstanding	Above Average	Average	Needs Improvement
Quality of Work				
Cooperation				
Reliability/attendance				
Professionalism				

Reason for leaving your employ? _____

Eligible for rehire? _____ If no, why? _____

Additional comments

Print name of contact person

Title

Signature

Date of Completion

St. Madeleine Sophie's Center

Notice: This form is *CONFIDENTIAL* and is to be removed from the application before the application is considered for employment.

St. Madeleine Sophie's Center is an Equal Opportunity and Affirmative Action employer. S.M.S.C. will not unlawfully discriminate on the basis of race, color, religion, sex, age, national origin, ancestry, or ethnicity, marital status, pregnancy or related medical condition, child birth, family medical status, disability, mental or medical condition, sexual orientation, political affiliation, veteran status or any other protected status under California or Federal law.

VOLUNTARY APPLICANT DATA

PURPOSE: This data is only for governmental record keeping, reporting and other legal requirements. Regulations of the California Fair Employment and Housing Commission require employers to obtain certain information from each job applicant. This form is used to provide each applicant with an opportunity to furnish such information *voluntarily*. All information that is provided voluntarily will be used only for record-keeping purposes. Further, such information will be kept separate from the application and an employee's main personnel file. Such information will not be used for any discriminatory purposes. The following information is *CONFIDENTIAL* and *NOT* part of your employment application.

You do not have to complete this form. To do so is completely voluntary.

Name: _____ Date: _____

Position applied for: _____

How did you learn of this position opening? _____

Check one: Male ___ Female ___ Age: _____

Ethnic Origin: (Check one)

White Black Hispanic Asian American Indian Other

Check if any of the following is applicable:

Vietnam ERA Veteran Disabled Veteran Developmentally Disabled