

We are an equal opportunity employer and make employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, sex, sexual orientation, national origin, citizenship, age or disability. No questions on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

Position Applied For: _____ Today's Date: _____

Name: _____

Address: _____
STREET CITY STATE ZIP

Telephone: _____
DAYTIME EVENING

Type of employment desired: ___full-time ___part-time (less than 40 hours per week)

Date you are able to start work: _____

Employment History

Most Recent Employer Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

Name of Employer: _____

Address: _____

Dates employed: From _____ TO _____

Position: _____ Salary: _____

Supervisor's Name: _____ Phone #: _____

Briefly describe your responsibilities: _____

Reason for leaving: _____

Second Most Recent Employer

Name of Employer: _____

Address: _____

Dates employed: From _____ TO _____

Position: _____ Salary: _____

Supervisor's Name: _____ Phone #: _____

Briefly describe your responsibilities: _____

Reason for leaving: _____

Third Most Recent Employer
 Name of Employer: _____
 Address: _____
 Dates employed: From _____ TO _____
 Position: _____ Salary: _____
 Supervisor's Name: _____ Phone #: _____
 Briefly describe your responsibilities: _____
 Reason for leaving: _____

Education	Name and Location of School	Number of Years Completed	Major & Degree
High School			
College			
Business/Trade School			
Professional School			

References:

List 3 references including their names, telephone numbers and years known. (Do not include relatives.)

1. _____
2. _____
3. _____

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the Monastery and/or its agents to verify any of this information. I also authorize any former employer, person, school, company, credit agency or government agency to give St. Paul's Monastery information they have about me. In consideration of St. Paul's Monastery's review of this application I release St. Paul's Monastery and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to St. Paul's Monastery standards and understand that unless otherwise specifically agreed to in writing, my employment can be terminated at any time with or without cause, and with or without notice, at my option or the option of St. Paul's Monastery. I understand that this application and any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract.

SIGNATURE OF APPLICANT **DATE**

SIGNATURE OF PARENT OR GUARDIAN (IF APPLICANT IS UNDER 18) **DATE**