

APPLICATION FOR EMPLOYMENT
Sisters of The Order of St. Dominic
 Queen of the Rosary Motherhouse
 555 Albany Avenue • Amityville, NY 11701

The Sisters of the Order of St. Dominic ("SSD") is an Equal Opportunity Employer. Employees are chosen on the basis of ability without regard to race, color, religion, sex, age or national origin in accordance with Federal and State Law.						
Name		Middle Name	Last Name		Today's Date: (mm/dd/yyyy)	
Address			City	State	Zip Code	
E-mail:				PHONE (NECESSARY): Home 1. _____ Cell. 1. _____ Other 1. _____		
Please indicate the area(s) in which you are applying for work by putting a 1 for your first choice, 2 for your second, etc.			Are you over 18 years of age? () yes () No			
_____ Dietary _____ Maintenance _____ Housekeeping _____ Security Guard _____ Laundry _____ Switchboard _____ Nursing _____ Other, specify _____		Available for: () Day () Evening () Night				Available for: () Full Time () Part Time () Per Diem

1. Are you now known or were you ever known by a different name? If so, kindly indicate same for purposes of verifying the information that you have provided within this application.

Other Name/Alias: _____
Last
First
Middle

2. Mailing Address: _____
 (If different from above) Street City State Zip Code

3. Subject of special study or research work: _____

4. For the purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? _____ Yes _____ No

(Note: Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. You will be required to provide documentation to that effect at the time you receive an offer of employment, if such offer is made.)

EMPLOYMENT INFORMATION

6. Earliest date that you are available for this position: _____
7. Are you Currently Employed?: _____ Yes _____ No
8. How did you hear about SSD and/or this position? (If referred, please indicate name of referral source):

9. Have you ever before applied for a position with SSD? _____ Yes _____ No
 If so, when?: _____

EMPLOYMENT HISTORY

Please list up to four previous employers, where applicable, beginning with the most recent and providing a complete record of all such employment. Please explain any gaps in your employment history. Use an additional sheet if more space is needed.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM ____/____/____ TO ____/____/____ Present ____	Name: _____ Address: (Street Number and Name) _____ City: _____ State: _____ Zip Code: _____		
Phone: 1. _____ Fax: 1. _____			
FROM ____/____/____ TO ____/____/____ Present ____	Name: _____ Address: (Street Number and Name) _____ City: _____ State: _____ Zip Code: _____		
Phone: 1. _____ Fax: 1. _____			
FROM ____/____/____ TO ____/____/____ Present ____	Name: _____ Address: (Street Number and Name) _____ City: _____ State: _____ Zip Code: _____		
Phone: 1. _____ Fax: 1. _____			
FROM ____/____/____ TO ____/____/____ Present ____	Name: _____ Address: (Street Number and Name) _____ City: _____ State: _____ Zip Code: _____		
Phone: 1. _____ Fax: 1. _____			

EDUCATION

TYPE OF SCHOOL	NAME and CITY, STATE, or COUNTRY OF INSTITUTION	DEGREE (where applicable)	MAJOR
HIGH SCHOOL			N/A
COLLEGE 1			
COLLEGE 2			
COLLEGE 3			
TRADE OR CORRESPONDENCE SCHOOL			

PROFESSIONAL CERTIFICATIONS

NAME / DESCRIPTION	CERTIFYING AUTHORITY
1.	
2.	
3.	
4.	
5.	

Have you ever been denied a professional license or technical certification in any jurisdiction or had a professional license or technical certification suspended or revoked in any jurisdiction? _____ Yes _____ No

If so, please state and explain the circumstances.

(Note: You may be asked to provide SSD with a copy of each professional certificate identified above.)

PROFESSIONAL REFERENCES

NAME	TITLE	COMPANY/EMPLOYER & ADDRESS	CONTACT INFORMATION
1.		Company Name:	Telephone: 1.
		Address: (Street Number and Name)	Fax: 1.
		City: State: Zip Code:	E-mail: @
2.		Company Name:	Telephone: 1.
		Address: (Street Number and Name)	Fax: 1.
		City: State: Zip Code:	E-mail: @
3.		Company Name:	Telephone: 1.
		Address: (Street Number and Name)	Fax: 1.
		City: State: Zip Code:	E-mail: @
4.		Company Name:	Telephone: 1.
		Address: (Street Number and Name)	Fax: 1.
		City: State: Zip Code:	E-mail: @

(Note: You understand and agree that by providing names of references, you are authorizing SSD to communicate with your references and you are releasing your references to provide pertinent job-related information to SSD.)

OTHER

Have you ever been convicted of a crime, pled guilty to a crime or pled no contest to a crime? ____ Yes ____ No
 If so, please explain each such circumstance.

Have you ever been arrested for a crime which is pending and has not been finally adjudicated: ____ Yes ____ No
 If yes, please explain the circumstances and current status of that matter.

(Note: An affirmative answer to the above questions will not prohibit employment consideration. A criminal conviction is not an absolute bar to employment. SSD will consider other factors such as years since the time of the offense, seriousness and nature of the offense and rehabilitation.)

CERTIFYING SIGNATURE (Read carefully before signing)

I certify that all information and responses that I have provided in this application are true. I authorize SSD to investigate all of my responses herein for accuracy and completeness and I grant SSD my permission to investigate all prior employment and all professional, military and educational records. I understand that any false or misleading statements, or omissions, made by me on this application will render this application void and be sufficient grounds for the rescission of any offer of employment and/or for the termination of my employment, if any, regardless of when such omissions or false statements are discovered by SSD after my employment, if any. I fully understand that this application is not a contract of employment with SSD.

 SIGNATURE

 DATE