



St. Vincent's®

A Tradition of Caring Since 1858

ST. VINCENT'S INSTITUTION APPLICATION FOR EMPLOYMENT

We appreciate your interest in potential employment with St. Vincent's, a Roman Catholic organization sponsored by the Daughters of Charity of St. Vincent De Paul that has served the people of Santa Barbara since 1858. St. Vincent's adheres to a policy of nondiscrimination with regard to age, race, religion, sex, national origin, color, disability, veteran's status, or any other classification protected by applicable law. At St. Vincent's, we desire to provide a safe, efficient, and healthy workplace for all employees.

Please complete the Employment Application in its entirety. Our acceptance of this completed application does not indicate that there are any positions open and does not in any way obligate St. Vincent's to hire you.

Please return the completed Employment Application to:

**St. Vincent's Institution
Attn: Human Resources
4200 Calle Real
Santa Barbara, CA 93110**

PERSONAL INFORMATION

Name: _____	Today's Date: _____
Address: _____	
City, State, Zip Code: _____	
Telephone Number(s): Home _____	Other _____
Email Address: _____	

WORK INFORMATION

For what position are you applying? _____	
Wage or Salary Desired: _____	Date Available for Work: _____
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when _____
How did you hear about St. Vincent's Institution? _____	

ABILITY TO WORK

Are you legally authorized to work in the United States and able to present proof of your legal right to work in the United States? Yes No

Are you at least 18 years old and able to present proof of age? Yes No

EDUCATION AND TRAINING

High School/GED:	Number of Years Completed:	Received Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: (Street, City, State, Zip Code)		
College/University:	Number of Years Completed:	Received Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: (Street, City, State, Zip Code)		Major(s): Degree Received:
College/University:	Number of Years Completed:	Received Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: (Street, City, State, Zip Code)		Major(s): Degree Received:

OTHER PROFESSIONAL ACHIEVEMENT(S)/MEMBERSHIP(S):

Are you currently attending school? _____ School/Field of Study: _____

List membership in professional organizations: _____

List any professional licenses, registrations, or certificates that you hold: _____

List other training/skills, including bilingual ability, and computer skills: _____

EMPLOYMENT HISTORY

Please list your past three employment positions, beginning with your present or most recent employer. Please complete this entire section even if your resume is attached. If space is not sufficient, list on a separate sheet.

Name of Employer:	Dates Employed (MM/YY): From: To:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: (Street, City, State, Zip Code)		Main Telephone Number:
Supervisor's Name and Title:	Supervisor's Telephone Number:	Reason for Leaving:
Position/Title Held and Description of Work Performed:		

Name of Employer:	Dates Employed (MM/YY): From: To:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: (Street, City, State, Zip Code)		Main Telephone Number:
Supervisor's Name and Title:	Supervisor's Telephone Number:	Reason for Leaving:
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Supervisor's Name and Title:	Supervisor's Telephone Number:	Reason for Leaving:
Position/Title Held and Description of Work Performed:		

PROFESSIONAL REFERENCES

Name:	Cell Phone:	Day Phone:
Mailing Address:	E-mail:	Years Known:
Relationship to Applicant:		

Name:	Cell Phone:	Day Phone:
Mailing Address:	E-mail:	Years Known:
Relationship to Applicant:		

Name:	Cell Phone:	Day Phone:
Mailing Address:	E-mail:	Years Known:
Relationship to Applicant:		

APPLICANTS STATEMENT

Please read carefully, initial each paragraph, and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this Application for Employment. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize St. Vincent's Institution to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further, authorize the references I have listed to disclose to St. Vincent's Institution any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In additions, I hereby release St. Vincent's Institution, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and St. Vincent's Institution. In addition, I understand and agree that if I am employed, my employment is "at will" and without a fixed term and may be terminated at any time, with or without prior notice, at the option of either myself or St. Vincent's Institution and that no promises or representations contrary to the foregoing are binding on St. Vincent's Institution.

_____ I hereby understand that should I receive an offer of employment, it will be contingent upon and not limited to the results of pre-placement requirements, which include a physical exam with a negative TB test, and a thorough background check including fingerprinting by both the California Department of Justice and Federal Bureau of Investigation Child Abuse Central Index.

Applicant's Signature: _____

Date: _____

Print Applicant's Name: _____