

# Society of Saint Vincent DePaul

2610 Montana Ave., Billings, MT 59101

(406) 252-1855 fax: (406) 839-9160

## APPLICATION FOR EMPLOYMENT

### GENERAL INFORMATION:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

(Last)

(First)

(Middle Initial)

ADDRESS: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

TELEPHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

(Home)

(Daytime)

(Message)

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? YES \_\_\_ NO \_\_\_

(Proof of citizenship or immigration status and identity will be required upon employment)

### EMPLOYMENT DESIRED

POSITION APPLIED FOR: \_\_\_\_\_

SALARY EXPECTATIONS: \_\_\_\_\_

HOURS YOU WOULD BE WILLING TO WORK: (please check)

FULL TIME: \_\_\_

PART TIME: \_\_\_

WEEK DAYS: \_\_\_

SATURDAYS: \_\_\_

DATE AVAILABLE TO START: \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS OPENING? \_\_\_\_\_

### HEALTH:

Can you perform the job as listed in the job description for the position for which you are applying? Yes: \_\_\_ No: \_\_\_

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

Do you require any reasonable accommodations? Yes: \_\_\_ No: \_\_\_

If you answered yes, what accommodations do you require? \_\_\_\_\_

### PERSONAL INFORMATION:

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?

YES: \_\_\_

NO: \_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

### REFERENCES:

List two of your co-workers other than relatives or employers:

NAME

OCCUPATION

ADDRESS

TELEPHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

**EMPLOYMENT HISTORY: (list most recent jobs first)**

1. Firm: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
(street) (city) (state) (zip code)  
Telephone: ( ) \_\_\_\_\_  
Name and position of immediate supervisor: \_\_\_\_\_  
May we contact your present employer? (yes) \_\_\_\_ (no) \_\_\_\_  
Employment dates: \_\_\_\_\_ to \_\_\_\_\_  
Salary: starting \_\_\_\_\_ ending \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Firm: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
(street) (city) (state) (zip code)  
Telephone: ( ) \_\_\_\_\_  
Name and position of immediate supervisor: \_\_\_\_\_  
Employment dates: \_\_\_\_\_ to: \_\_\_\_\_  
Salary: starting: \_\_\_\_\_ ending: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Firm: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
(street) (city) (state) (zip code)  
Telephone: ( ) \_\_\_\_\_  
Name and position of immediate supervisor: \_\_\_\_\_  
Employment dates: \_\_\_\_\_ to: \_\_\_\_\_  
Salary: starting: \_\_\_\_\_ ending: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**SKILLS:**

List any particular work skills or talents you possess:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

Name, Address, location of school	did you graduate?	
HIGH SCHOOL _____	yes	no
COLLEGE: _____	yes	no

ADDITIONAL EDUCATIONAL AND/OR VOCATIONAL OR TECHNICAL TRAINING:

SCHOOL: \_\_\_\_\_ Degree: \_\_\_\_\_  
Courses: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ Degree: \_\_\_\_\_  
Courses: \_\_\_\_\_

ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD:

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It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's services if I have been employed.

I give the Society of St. Vincent de Paul the right to investigate all references and to secure additional information about me, if job related. This information may include a criminal background check. I hereby release from liability St. Vincent de Paul and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Society of St. Vincent de Paul is an equal opportunity employer, and does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_