Convent: 609 S. Convent Rd, Aston, PA 19014
Assisi House: 600 Red Hill Rd, Aston, PA 19014
HR Phone: 610-558-7744 ● Fax: 610-558-6121
www.osfphila.org

THE SISTERS OF ST. FRANCIS OF PHILADELPHIA

# Application for Employment

Please print clearly on this employment application. The Sisters of St. Francis is an equal opportunity employer and does not discriminate in employment regarding race, color, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, marital status, physical or mental disability, military status, or any other characteristic protected by law.

## APPLICANT INFORMATION

| LAST NAME | FIRST NAME | MIDDLE INITIAL | TODAY'S DATE |
|---|---|---|---|
| | | | |

| MAILING ADDRESS |
|---|
| |

| CELL PHONE NUMBER | HOME PHONE NUMBER | EMAIL ADDRESS | |
|---|---|---|---|
| | | | |
| Have you worked here before? | Yes ☐ or No ☐ | If so, when? | |
| Are you 18 or older? | Yes ☐ or No ☐ | Are you legally eligible for employment in the U.S? | Yes ☐ or No ☐ |

## POSITION AVAILABLE

| | |
|---|---|
| What position are you applying for? | |
| How did you learn of this position? | |
| Are you able to perform the essential functions of this position with or without accommodation? | Yes ☐ or No ☐ |

| EMPLOYMENT TYPE DESIRED | HOURLY RATE/SALARY DESIRED | AVAILABLE START DATE |
|---|---|---|
| ☐ Full-time ☐ Part-time ☐ Occasional<br>☐ Temporary ☐ Days ☐ Evenings<br>☐ Nights | | |

## EDUCATION

| SCHOOL NAME | LOCATION | MAJOR & DEGREE EARNED or CERTFICATE |
|---|---|---|
| | | |
| | | |
| | | |

| Name of License or Certification | License Number | Expiration Date |
|---|---|---|
| | | |

| | |
|---|---|
| OTHER / APPLICABLE TRAINING/ SKILLS/ QUALIFICATIONS | |

**REFERENCES:Please provide professional references (not personal); ideally, prior supervisors.**

| NAME | COMPANY & POSITION | EMAIL | PHONE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## EMPLOYMENT HISTORY

**Present or Last Employer**

| EMPLOYER NAME | POSITION HELD | START DATE | END DATE |
|---|---|---|---|
| | | | |
| MAILING ADDRESS | | | |
| | | | |
| SUPERVISOR NAME | PHONE | EMAIL ADDRESS | |
| | | | |
| MAY WE CONTACT? | REASON FOR LEAVING | | |
| Yes ☐ or No ☐ | | | |

**Previous Employer**

| EMPLOYER NAME | POSITION HELD | START DATE | END DATE |
|---|---|---|---|
| | | | |
| MAILING ADDRESS | | | |
| | | | |
| SUPERVISOR NAME | PHONE | EMAIL ADDRESS | |
| | | | |
| MAY WE CONTACT? | REASON FOR LEAVING | | |
| Yes ☐ or No ☐ | | | |

**Previous Employer**

| EMPLOYER NAME | POSITION HELD | START DATE | END DATE |
|---|---|---|---|
| | | | |
| MAILING ADDRESS | | | |
| | | | |
| SUPERVISOR NAME | PHONE | EMAIL ADDRESS | |
| | | | |
| MAY WE CONTACT? Y or N | REASON FOR LEAVING | | |
| Yes ☐ or No ☐ | | | |

| Previous Employer | | | |
|---|---|---|---|
| EMPLOYER NAME | POSITION HELD | START DATE | END DATE |
| | | | |
| MAILING ADDRESS | | | |
| | | | |
| SUPERVISOR NAME | PHONE | EMAIL ADDRESS | |
| | | | |
| MAY WE CONTACT? Y or N | REASON FOR LEAVING | | |
| Yes ☐ or No ☐ | | | |

**GAPS IN EMPLOYMENT -** Please briefly explain any employment gaps below:

**OTHER INFORMATION** – If desired, please summarize additional information to describe your qualifications below:

## PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

*In exchange for consideration of my job application by the Sisters of St. Francis of Philadelphia, herein referred to as SOSF, I agree to the following:*

*All Candidates must provide proof of US citizenship or authorization to work in the US in accordance with the Immigration Reform and Control Act of 1986.*

*We reserve the right to test any job candidate for the presence of illegal drugs or alcohol as a condition of employment, or at any time after hire if management has cause to believe that the employee is working under the influence of these substances.*

*As a not-for-profit religious organization, the SOSF is exempt from participating in Unemployment Compensation.*

*Nothing contained in any of our materials, or any information distributed by the SOSF, creates a contract of employment between an employee and the SOSF. Employment is on an at-will basis. I also understand that the organization may revise its employee benefits, policies, or procedures at any time.*

*By signing below, I authorize all entities having information about me, including past and present employers (unless otherwise indicated), criminal justice agencies, department of motor vehicles, schools, and credit reporting agencies to release such information to the Human Resources representative of the SOSF. Upon written request from me, as required by the Fair Credit Reporting Act, the organization will provide me with additional information concerning the nature and scope of any such report requested. This release will remain valid and in effect during the term of my employment. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.*

*I certify that the information provided on this employment application is accurate and correct to the best of my knowledge and, any misrepresentation or omission of facts is sufficient to cause for rejection or dismissal of employment at any time without previous notice.*

## SIGNATURE

| PRINTED NAME | SIGNATURE | DATE |
|---|---|---|
| | | |

## FOR HR USE