

Application For Employment



**Saint Thomas Aquinas
Academy**
1200 Main Street
Marinette, WI 54143

PLEASE PRINT IN INK OR TYPE

ST. THOMAS is an equal opportunity employer. All hiring, promotion practices and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, creed, political affiliation, color, disability, marital status, gender, national origin, ancestry, arrest record or conviction record.

Please print in ink. Answer all questions completely. Incomplete applications may be rejected. Any application submitted after the deadline will not be considered. A separate application is needed for each position applied for.

POSITION APPLYING FOR: _____

DATE: ___/___/___

PERSONAL	Last Name _____ First _____ Middle Initial _____		Maiden Name (if applicable) _____
	Street Address _____		Home Phone (include area code) _____
	City, State, ZIP _____		Business Phone (include area code) _____
			May we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date available to begin work: ___/___/___	Can you travel if the job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
	SS Number: _____ - _____ - _____	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by ST. THOMAS before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date and former name: _____
	Driver's License Number: _____	Are you fluent in another language besides English? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list language(s): _____	
	State Driver's License issued: _____		
	Do you hold a commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____		
	Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	Are you available for: <input type="checkbox"/> Shift work <input type="checkbox"/> Weekend work <input type="checkbox"/> Overtime	
High School: <input type="checkbox"/> Diploma Date: ___/___/___ <input type="checkbox"/> GED Date: ___/___/___	Name and location of Accredited schools attended: _____		
Further Education: <input type="checkbox"/> Associate's Degree Date: ___/___/___ <input type="checkbox"/> Bachelor's Degree Date: ___/___/___ <input type="checkbox"/> Master's Degree Date: ___/___/___			
Do you have a pending criminal charge against you and/or have you ever been convicted of a crime, either misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
<small>NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.</small>			

MILITARY	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES		Branch of Service _____
	Describe your duties and any special training _____		Period of Active Duty (Month & Year) From _____ To _____
			Rank at Discharge _____ Type Discharge _____
			Date of Final Discharge _____

OTHER SKILLS	List any additional skills related to the job for which you are applying.

Employment History

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Account for ALL TIME for the past three years. Indicate name used if different than name on this application. **DO NOT REFER US TO YOUR RESUME!** Resume and application are separated during selection and you will appear unqualified if you do not complete this section in its entirety.

Are you presently employed? Yes No May we contact your present employer? Yes No

Company Name	Telephone	Employed (month and year) From To	
Address		Weekly pay Start	Last
Name of Supervisor	Job Title	Hours per week	Number Supervised
Responsibilities		Reason for leaving	

Company Name	Telephone	Employed (month and year) From To	
Address		Weekly pay Start	Last
Name of Supervisor	Job Title	Hours per week	Number Supervised
Responsibilities		Reason for leaving	

Company Name	Telephone	Employed (month and year) From To	
Address		Weekly pay Start	Last
Name of Supervisor	Job Title	Hours per week	Number Supervised
Responsibilities		Reason for leaving	

Personal References (Minimum 2 required – Please provide Name, Address and Phone #)::

Professional References (Minimum 2 required – Please provide Name, Address and Phone #):

AUTHORIZATION AND RELEASE

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I hereby authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the person, company, or former employer from all liability for any damage that may result from utilization of such information.

I hereby agree to submit to any lawful drug, or skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. As a condition of employment, I understand I am required to comply with ST. THOMAS's drug-free workplace policy. I also understand that this application is not, and is not intended to be a contract for continued employment.

I understand this authorization and release is valid for three years from the date of my completing the application or throughout my employment, whichever is later.

Date _____ Signature _____

It is the policy of ST. THOMAS not to discriminate against any employee or applicant for employment, nor does ST. THOMAS tolerate harassment of any kind because of race, color, national origin, pregnancy, age or gender. This policy applies not only to employment, but to promotion, demotion, transfer, recruitment, termination and other personal matters.

It is the policy of ST. THOMAS to provide equal employment opportunities for all individuals, on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, political affiliation, sex, age, disability, marital status, arrest or conviction record, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State Military Forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a ST. THOMAS Board of Trustees member prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

_____ I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my
Initial knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

_____ I hereby authorize ST. THOMAS to investigate all statements contained herein and the references and employers listed above to give
Initial you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release and hold harmless ST. THOMAS, its officers, agents, and employees, and the person(s) providing the information, from all liability for any damage that may result from utilization of this information.

_____ I understand that I will be required to successfully pass a drug test to gain employment or continue employment with ST. THOMAS I
Initial consent freely and voluntarily to participate in required drug tests, at a location selected by ST. THOMAS I hereby release and consent to the release of the test results to ST. THOMAS I hereby release and hold harmless ST. THOMAS, its officers, agents, and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and decisions concerning employment based upon the results of these test. If employed by ST. THOMAS, I understand that I am required to comply with ST. THOMAS's drug-free workplace policy and refusal to submit to such testing will result in disciplinary action, up to and including discharge.

_____ I authorize ST. THOMAS, its officers, agents, and employees to conduct a driver's license and/or criminal background check prior to
Initial making a decision regarding employment. I release and hold harmless ST. THOMAS, its officers, agents, and employees, and the person(s) providing the information, from any liability related to the performance or result of this check.

PRINT NAME _____ Signature _____ Date _____

In connection with my application for employment (including contract for services) with ST. THOMAS and compliance with the Fair Credit Reporting Act and Section 604 (b) of the FCRA, I have been advised that a credit report may be ordered to check my credit history, bankruptcies, suits, judgments, and liens.

If any adverse reaction is taken based on the consumer report, a copy of the report and a summary of my rights will be provided to me.

I release and hold harmless ST. THOMAS, its officers, agents, and employees and the person(s) providing the information, from any liability, related to the performance or result of this check.

I have read and fully understand the above release.

PRINT NAME _____ Signature _____

SSN: _____ Date ____/____/____