



Sisters of Divine Providence

APPLICATION FOR EMPLOYMENT

Mail completed application to:
Human Resources Department
9000 Babcock Blvd.
Allison Park, PA 15101
Or email: eburkarth@cdpsisters.org
412-931-5241

Date: _____

Name (Last, First, MI) _____ Social Security Number _____

Address _____ Telephone # _____

Are you over 18 yrs of age? Yes/No If under 18 – date of birth: If under 18 can you furnish a work permit? Yes/No

Have you ever been employed here before? Yes/No If yes, when? _____ Department? _____

Position Desired? _____ Full Time/Part-Time/Temporary Day/Afternoon/Night
(please circle) (please circle)

Are you willing to work weekends? Yes/No Are you willing to work holidays? Yes/No

Are you currently employed? Yes/No Date available to start _____

How were you referred to us? _____

Do you currently have any friends or relatives working for the Sisters of Divine Providence? Yes/No

Do you have reliable means of transportation to get to work? Yes/No

Have you even been convicted of a felony during the past 5 years? Yes/ No If yes, please explain: _____

Beginning with your present or last employer, list the last three jobs you have held and include a summary of your responsibilities and duties in each of these positions.

Employer	Telephone	Supervisor	May we contact this employer?
Address		Dates Employed	Hourly Rate Start: Finish:
Description of Duties		Job Title	Reason for Leaving
Employer	Telephone	Supervisor	May we contact this employer?
Address		Dates Employed	Hourly Rate Start: Finish:
Description of Duties		Job Title	Reason for Leaving
Employer	Telephone	Supervisor	May we contact this employer?
Address		Dates Employed	Hourly Rate Start: Finish:

Description of Duties	Job Title	Reason for Leaving
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High School	Dates Attended	Date Graduated	Degree Received
College	Dates Attended	Date Graduated	Degree Received
College	Dates Attended	Date Graduated	Degree Received
Business or Trade School	Dates Attended	Date Graduated	Degree Received
Other	Dates Attended	Date Graduated	Degree Received

Please explain any other skills or training relevant to the position you are seeking.

<p>Do you have any disability that would prevent you from performing the essential functions of the job for which you are applying? Yes/No If yes, please explain.</p>
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I certify that information contained in this application is true and correct to the best of my knowledge and understand that falsification of this information is grounds for disqualification from further consideration or, if I am employed, will be sufficient cause for immediate dismissal. I authorize the Sisters of Divine Providence to contact prior employers and/or references concerning prior employment and any other information provided for in this application for employment. This authorization extends to the release of all records of employment and to further answer all questions by the Sisters of Divine Providence concerning my education, abilities, prior employment record, and all other information personal or otherwise. I understand that a criminal background check may be conducted. I further release all parties, including the Sisters of Divine Providence from any and all liability or damages on account of having furnished, received or used such information.

I understand that this application in not, and is not intended to be, a contract of employment.

Signature of Applicant: _____

Date: _____