



St. Vincent Family Center

1490 E. Main Street, Columbus, OH 43205
(614) 252-0731

Application

St. Vincent Family center is an Equal Opportunity Employer. We do not unlawfully discriminate against any applicant on the basis of race, color, religion, sex, national origin, age, sexual orientation, disability or any other category protected by federal, state or local law.

General Information

(Please Print) Job Internship

Date of Application:			
Position(s) applied for:			
Referral Sources: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee: Name <input type="text"/> <input type="checkbox"/> Walk-in			
<input type="checkbox"/> Friend/Relative: Name <input type="text"/> <input type="checkbox"/> Employment Agency			
<input type="checkbox"/> Other: <input type="text"/>			
Name:			
Last	First	Middle	
Address:			
Street	City	State	Zip Code
If current address is less than 2 years, list previous address:			
Home Telephone:		Cellular Telephone:	
Social Security Number:			
Have you submitted an application to us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give date/position:		Were you interviewed for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give date(s), position(s) held, and reason(s) for leaving:			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If hired, can you provide proof that you are legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you capable of satisfactorily performing the essential job duties of the position you are applying for, With or without reasonable accommodation? Yes No

Availability

Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract <input type="checkbox"/> Summer <input type="checkbox"/> Overtime
What days are you available to work? <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.
What time(s) are you available?
Do you have access to transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary Desired: \$
On what date would you be available to start work?

Employment Experience

Please list the names of your present and previous employers, starting with your present/most recent employment. You should include information about verifiable work performed on a volunteer basis and military service. Be sure to account for all periods of time, including any periods of unemployment. Use additional pages if needed. All areas must be completed.

Employer	Telephone	Dates Employed		Work Performed
		From: mm/yy	To: mm/yy	
Address:				
Job Title:		Hourly Rate/Salary		
Supervisor:		Starting	Final	
Reason for Leaving:				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Temp.				

Employer	Telephone	Dates Employed		Work Performed
		From: mm/yy	To: mm/yy	
Address:				
Job Title:		Hourly Rate/Salary		

Supervisor:	Starting	Final	
Reason for Leaving:			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Temp.			

Employer	Telephone	Dates Employed		Work Performed	
		From: mm/yy	To: mm/yy		
Address:					
Job Title:	Hourly Rate/Salary				
Supervisor:	Starting	Final			
Reason for Leaving:					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Temp.					

Employer	Telephone	Dates Employed		Work Performed	
		From: mm/yy	To: mm/yy		
Address:					
Job Title:	Hourly Rate/Salary				
Supervisor:	Starting	Final			
Reason for Leaving:					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Temp.					

Employer	Telephone	Dates Employed		Work Performed	
		From: mm/yy	To: mm/yy		
Address:					
Job Title:	Hourly Rate/Salary				
Supervisor:	Starting	Final			
Reason for Leaving:					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Temp.					

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Do you have any commitments to another employer, which might affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Please explain any gaps in your employment history:

Special Skills And Qualifications

Please describe any actual experience, special training or qualifications that you feel are relevant to the position for which you are applying:

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Education

Type of School	Name / Address	Subjects Studied / Academic Honors	Did You Graduate? / Type of Degree	Date Degree Obtained
High School Or Equivalent				
College				
Graduate School				
Technical/ Trade School				
Other				

Are you currently licensed in the field of social work?

Yes

No

License Number:

Expiration Date:

You may include subjects of special study, research work, special training skills, or qualifications which you believe may be helpful to us in considering your application such as first Aid, CPR, TCI, CPI, Bilingual, and American Sign Language.

Professional References

Please list at least three persons who can attest to your work performance.

Name	Address and Telephone Number	Occupation	Relationship

Criminal History

Have you ever been convicted of a crime, to include misdemeanor and/or OMVI?

Yes

No

If you answered "Yes" to the question above, please provide the details (date, city or town, nature of offense, and disposition):

Falsification, misrepresentation and/or omission of criminal conviction is grounds for refusal to hire, or if hired, for dismissal. (Note: A conviction does not automatically disqualify an applicant from employment. The date, nature and seriousness of the offense will be considered.)

Should you have a criminal conviction or a pending charge, SVFC may be required to suspend or terminate your employment. Additionally, SVFC requires background investigations regarding criminal records of our employees. If you have any concerns with regard to these matters, our preference is to discuss them prior to employment. Omission of information deemed material by SVFC will be considered a willful misstatement and may be grounds for immediate termination of the application process, or of employment by SVFC.

Signature

(Please read the following carefully and then sign below)

I hereby declare that the information provided by me in this Application for Employment (and in any accompanying resume) is true, correct and complete to the best of my knowledge. I authorize St. Vincent Family Center (or its designee) to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release St. Vincent Family Center (or its designee) from any and all liability resulting from the verification of such information. I understand that any false statement or material omission on this application, or on any supporting documents, shall be grounds for non-hire or discharge, regardless of when discovered by St. Vincent Family Center.

I understand that this employment application, or the granting of an interview, or expression of intent to hire, does not represent a contract of employment or a promise of future benefits by St. Vincent Family Center. If I am hired, I understand that my status will be that of an employee-at-will, meaning that I will have no contractual right, express or implied to remain in St. Vincent Family Center employ. I further understand that, if I am hired, my employment can be terminated, with or without cause and with or without notice at any time, at the option of St. Vincent Family Center or me. I also understand that no representative of St. Vincent Family Center has the

authority to enter into any oral agreement for employment for a specified period of time or to make an oral agreement contrary to the foregoing.

I understand that if I am offered employment at St. Vincent Family Center, I will be required to provide evidence of my identity and authorization for employment in the United States.

I understand that St. Vincent Family Center may require a physical examination and/or drug and alcohol screening as a condition of employment.

I understand that if I am hired by St. Vincent Family Center and my employment subsequently ends, St. Vincent Family Center may provide information about my employment to persons in response to job reference requests, and I hereby consent to such disclosures.

X

X

Signature of Applicant

Date



**REFERENCE VERIFICATION
AUTHORIZATION**

“ I hereby authorize any of the persons or organizations referenced in this application and/or accompanying resume to give **St. Vincent Family Centers** or its agents any and all information concerning my previous employment, education, or any other information that they may have, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to them. This authorization does not include release, or other prohibited use, of disability and medical related information prohibited in pre-employment inquiries by the Americans with Disabilities Act (ADA).”

“Additionally, I authorize **St. Vincent Family Centers** or its agents, to request and receive background investigative information about me which may include areas such as a Social Security Number Verification, Criminal Background Check and Motor Vehicle Records Check prior to employment and at the discretion of **St. Vincent Family Centers**, throughout my employment. In order to ensure the integrity of the verification process, I am voluntarily providing my birth month: _____ and birth day: _____ (do not include year of birth)”

Applicant Signature

Date

Applicant Printed Name