



# Application for Employment

Pre-Employment Questionnaire  
An Equal Opportunity Employer

## PERSONAL INFORMATION

Last Name		First Name		Middle	Date
Other name by which you may have been known (for reference checking)					Social Security #
Present Address	Apt #	City	State	Zip	
Permanent Address	Apt #	City	State	Zip	
Previous Address (if less than 3 years)	Apt #	City	State	Zip	
Phone #	Cell Phone #	Are you 18 yrs or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are legally authorized to work in the USA Yes <input type="checkbox"/> No <input type="checkbox"/>	
E-mail		Emergency Contact Name			Phone

## DESIRED EMPLOYMENT

Position	Date you can start	Salary Desired
Ever worked here before? Yes <input type="checkbox"/> No <input type="checkbox"/>	When?	In what capacity?
Ever applied here before? Yes <input type="checkbox"/> No <input type="checkbox"/>	When?	For what position?
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving current employment:		
Name of last supervisor at current employment		
How did you learn about this position?		
Employment agency <input type="checkbox"/>	Newspaper advertising <input type="checkbox"/>	Friend <input type="checkbox"/> Online ad <input type="checkbox"/>
State employment office <input type="checkbox"/>	College placement service <input type="checkbox"/>	Walk in <input type="checkbox"/> Other <input type="checkbox"/>

**EDUCATION**

	Name of School	Years attended	Graduated	Degrees
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade, Business, or Correspondence School			Yes <input type="checkbox"/> No <input type="checkbox"/>	

**GENERAL**

Subjects of special study/ research work
Special training, certificates, licenses
Special skills, foreign languages

**FORMER EMPLOYERS**

List below last three employers starting with most recent

Name of Previous Employer			
Address	City	State	Zip
Starting Date	Leaving date	Job Title	
Weekly starting salary	Weekly final salary	May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Supervisor	Title	Phone	
Description of work			
Reason for leaving			

Name of Previous Employer			
Address	City	State	Zip
Starting Date	Leaving date	Job Title	
Weekly starting salary	Weekly final salary	May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Name of Supervisor</b>	<b>Title</b>	<b>Phone</b>
<b>Description of work</b>		
<b>Reason for leaving</b>		

<b>Name of Previous Employer</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Starting Date</b>	<b>Leaving date</b>	<b>Job Title</b>	
<b>Weekly starting salary</b>	<b>Weekly final salary</b>	<b>May we contact your supervisor?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Name of Supervisor</b>	<b>Title</b>	<b>Phone</b>	
<b>Description of work</b>			
<b>Reason for leaving</b>			

**REFERENCES**

List professional references whom we may contact

	<b>Name</b>	<b>Address</b>	<b>City, State, Zip</b>	<b>Phone</b>
1				
2				
3				
4				

**SERVICE RECORD**

<b>Have you ever served in the U.S. Armed Forces?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Branch of Service</b>
<b>Discharge Date</b>	<b>Rank</b>

Have you ever been convicted of, or plead guilty /no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation)? Yes  No

If yes, explain

A convictional record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law.

**AUTHORIZATION**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that any misstatements or omission of information is grounds for ending the hiring process, or, if employed for dismissal.

“I authorize investigation of all statements contained herein and the references and employers listed above to give you and any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release this company from all liability for any damage that may result from utilization of such information.

“I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

“This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans With Disability Act (ADA) and other relevant Federal and State laws.”

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please submit application to:**

Sisters of Notre Dame  
1601 Dixie Highway  
Covington, KY 41011