



Updated: 7/14/2016

2076 St. Anthony Avenue

St. Paul, MN 55104

(651)789-5031

Application for Employment

Please check all programs for which you wish to have your application considered:

- Our Lady of Peace Residential Hospice
- Our Lady of Peace Community Hospice
- Our Lady of Peace Home Care
- Highland Block Nurse Program

Date: _____

Our Lady of Peace is an Equal Opportunity Employer and will hire the most qualified individuals without regard to race, color, creed, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, place of national origin, marital status, familial status, membership or activity in local rights commissions, or status with regard to public assistance as required by state and federal law.

PERSONAL DATA

NAME _____
Last First Middle Name

ADDRESS _____
Number Street City State Zip Code

FORMER ADDRESS _____
Number Street City State Zip Code

PHONE NUMBERS (primary) _____ (secondary) _____

EMAIL _____

Are you a Citizen of the United or otherwise lawfully entitled to work in the United States? ____ Yes ____ No

EMPLOYMENT INTERESTS

Position desired _____ Date you can start _____ Requested Salary _____

____ Full Time ____ Part Time Shift: ____ Days ____ Evenings ____ Nights

Who referred you to the company? _____

Have you ever worked for us before? ____ No ____ Yes If yes, when? _____

EDUCATION

Type of School	Name	Address	From	To	Graduate? Yes or No	Degree
High School						
College or University						
Other						

EMPLOYMENT HISTORY

1) Present Employer (May we contact? __Yes __No)

Name _____ Duties _____
 Address _____
 City _____ Supervisor _____
 State _____ Zip Code _____ Phone(____) _____
 Phone (____) _____ Email _____
 Employment Dates: Reason for leaving? (circle one)
 From _____ to _____ Quit Layoff Discharged Still working
 Job Title _____ Explanation: _____

2) Employer

Name _____ Duties _____
 Address _____
 City _____ Supervisor _____
 State _____ Zip Code _____ Phone(____) _____
 Phone (____) _____ Email _____
 Employment Dates: Reason for leaving? (circle one)
 From _____ to _____ Quit Layoff Discharged Still working
 Job Title _____ Explanation: _____

3) Employer

Name _____ Duties _____
 Address _____
 City _____ Supervisor _____
 State _____ Zip Code _____ Phone(____) _____
 Phone (____) _____ Email _____
 Employment Dates: Reason for leaving? (circle one)
 From _____ to _____ Quit Layoff Discharged Still working
 Job Title _____ Explanation: _____

REFERENCE 1 (Professional)

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP CODE _____

PHONE _____
EMAIL _____
RELATIONSHIP _____

REFERENCE 2 (Professional)

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP CODE _____

PHONE _____
EMAIL _____
RELATIONSHIP _____

REFERENCE 3 (Personal, non-family)

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP CODE _____

PHONE _____
EMAIL _____
RELATIONSHIP _____

We hire ONLY U.S. Citizens and Lawfully Authorized Alien Workers.

Upon date of hire some of the following documentation will be required of ALL employees.

LIST A	OR	LIST B	AND	LIST C
Identity & Employment Eligibility		Identity		Employment Eligibility
United States Passport Certificate of U.S. Citizenship Certificate of Naturalization Unexpired foreign passport with Attached Employment Authorization Alien Registration Card with Photograph		A State issued driver's license or I.D. card with a photograph or information including name, sex, date of birth, height, weight & color of eyes. U.S. Military Card Other (Specify document & issuing authority)		Original Social Security Card (other than a card stating it is not valid for employment) A birth certificate issued by State, County or municipal authority bearing a seal or other certification Unexpired INS Employment Authorization, Specify Form # _____

UNDERSTANDING

I understand and agree that if accepted for employment, I reserve the right to resign my employment at anytime and for any reason and that Our Lady of Peace reserves the right to terminate my employment at any time for any reason. This relationship shall not be modified in any way without the express written consent of the president of Our Lady of Peace. I understand that any oral or written statements to the contrary are disavowed and that they should not be relied upon. If I should be given employment by Our Lady of Peace, I agree that any and all confidential information relating to Our Lady of Peace business be held by me in trust solely for Our Lady of Peace. Misrepresentation by me in this application could be cause for cancelation of the application and/or separation from Our Lady of Peace service if I have been employed. I realize that my signature will be your authorization to confirm statements that I have made in this application.

Signature _____ Date _____

VOLUNTARY SELF IDENTIFICATION FORM

In order to comply with the United States Equal Employment Opportunity Commission (EEOC) Our Lady of Peace is required to invite those seeking employment to voluntarily self-identify their race/ethnicity.

Submission of this information is voluntary and refusal to provide it will have no bearing on the processing or status of your application and will in no way impact upon your consideration for employment.

The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws. This includes those which require the information to be reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

If you choose not to complete this form please indicate your refusal by signing in the box at the bottom of this page. Thank you for your cooperation.

1. Name _____ Gender Male Female

2. Are you Hispanic or Latino? Yes No

If your answer to question 2 was NO, please check the box which identifies your race.

- White** (Not Hispanic or Latino) people with origins in any of the original people of Europe, North Africa, or the Middle East.
- Black or African American** (Not of Hispanic origin) All persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander** (Not Hispanic or Latino) Any Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino) All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.
- American Indian or Alaskan Native** (Not Hispanic or Latino) All persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment.
- Two or more races** (Not Hispanic or Latino) All persons who identify with more than one of the above races.

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

I do not wish to Self-Identify

Signature: _____ Date: _____