



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

PHONE NUMBERS (cell) \_\_\_\_\_

EMAIL \_\_\_\_\_

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

### EMPLOYMENT INTERESTS

Position desired \_\_\_\_\_ Requested Salary \$ \_\_\_\_\_

Full Time Part Time Shift: Days Evenings Nights Date you can start \_\_\_\_\_

Who referred you to the company? \_\_\_\_\_

Have you ever worked for us before? No Yes If yes, when? \_\_\_\_\_

**EDUCATION**

Type of School	School Name	City, State	Graduate? Yes or No	Degree
High School				
College or University				
Other				
Other				

**EMPLOYMENT HISTORY****1) Present Employer** (May we contact? Yes No)

Name:	Address
Phone:	City, State, Zip
Supervisor:	Supervisor Email:
Employment Dates:	Reason for leaving:    Quit    Discharged Laid Off    Still Working Here
Job Title:	Duties:

**2) Employer**

Name:	Address
Phone:	City, State, Zip
Supervisor:	Supervisor Email:
Employment Dates:	Reason for leaving:    Quit    Discharged Laid Off    Still Working Here
Job Title:	Duties:

**3) Employer**

Name:	Address
Phone:	City, State, Zip
Supervisor:	Supervisor Email:
Employment Dates:	Reason for leaving:    Quit    Discharged Laid Off    Still Working Here
Job Title:	Duties:

**REFERENCE 1 (Professional)**

Name:	Email:
Address:	Phone:
Relationship:	

**REFERENCE 2 (Professional)**

Name:	Email:
Address:	Phone:
Relationship:	

**REFERENCE 3 (Personal, non-family)**

Name:	Email:
Address:	Phone:
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 Applicant Survey Form**  
An Equal Opportunity, Affirmative Action Employer

Last name	First name	Middle initial(s)

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Date	Position(s) for which you are applying

**Please read carefully (voluntary disclosure):** As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report these results to government agencies. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment. The information you provide is **completely voluntary** and will only be used to monitor our compliance with equal opportunity laws and regulations. \* *When* we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us separately.

Race/Ethnicity – Select one or more

American Indian or Alaskan Native: A person having origins in any of the original peoples of North, South or Central Americas, and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South, Central American or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Do not wish to answer

Disability – Are you a person with a disability?

Yes

No

Do not wish to answer

Sex/Gender – Select one

Female

Male

Non-Binary/Transgender/Gender Non-Conforming

Do not wish to answer