



**Applicant Note:** This application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. Applicants are considered without regard to race, color, religion, national origin, gender, age, disability, marital status, veteran status, citizenship, or any other characteristic protected by law, in all employment decisions.

**APPLICATION FOR EMPLOYMENT**

Full Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Date on which you can start work if hired: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
 (Number/Street) (City) (State) (Zip code)

Email Address: \_\_\_\_\_

If referred by a current employee, please share employee's name: \_\_\_\_\_

Emergency Contact(s):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

(Other affiliations: neighbor, pastor, etc.)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Desired Salary/Hourly Rate: \_\_\_\_\_ Willing to work overtime? Yes  No

Are you 18 years or older? Yes  No

Employment desired: Full Time  Part-time  (Specify Hours) \_\_\_\_\_

Have you worked here previously? Yes  No

If Yes, provide dates of employment, location, and reason for separation from employment:

Education	School Name	Graduate? Y or N	# of Years Completed	Degree/Major
High School				
College				
Other Degrees				

If applicable, list below any other names by which you may have been known in order for St. Matthew's House to confirm your previous work history and educational record. For example, change of name, nicknames, etc:

**Driver's License Information**

Do you have a valid driver's license? Yes  No  Exp. Date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Please circle Type: Class A Class B Class C Class E Motorcycle

State of Issuance: \_\_\_\_\_

Do you agree to allow St. Matthew's House to obtain an MVR report on your driving record? Yes  No

**EMPLOYMENT INFORMATION**

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume".

**Present or Last Employer**

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ May we contact? Yes  No   
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Salary/Hourly Rate: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**2nd Previous Employer**

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ May we contact? Yes  No   
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Salary/Hourly Rate: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**EMPLOYMENT CRIMINAL HISTORY**

List all convictions and pleas of no contest for any offense or violation (including felony, misdemeanor, or municipal ordinance) other than minor traffic violations. List all pending charges for any of the above violations. (Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.) If none, write "NONE":

\_\_\_\_\_

Please explain how your life has changed. \_\_\_\_\_

A pending charge or past conviction will not necessarily disqualify you unless the circumstances of the offense substantially relate to the circumstances of the employment you are seeking.)

\*\*\*Do you agree to allow St. Matthew's House to obtain a criminal history record? Yes  No

**REFERENCES**

Please list the names of additional work-related references we may contact.

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Please list the names of additional personal references (not previous employers or relatives) who know you well that we may contact.

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**SKILLS**

Are there any other relevant experience, skills, or qualifications which you feel would qualify you for employment?

\_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that I have read and understand the "Applicant Note" on Page 1 of this application and that the information furnished herein and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will result in refusal to hire or, if hired, will result in my dismissal at any time regardless of when false answers or omissions are discovered.

I further agree that if I am hired by St. Matthew's House, I will be an at-will employee, which means that either St. Matthew's House or I may end my employment at any time with or without cause or notice.

I understand that if I am offered employment, I may be required to sign a confidentiality agreement, conflict of interest statement, and/or restrictive covenants as a condition of my employment.

I understand that St. Matthew's House may share the information contained in this application with other employees for employment and administrative purposes and hereby consent to such transfer. I hereby authorize St. Matthew's House to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I further agree to submit to legally permissible drug and/or alcohol testing upon request by St. Matthew's House. I recognize that the results of these tests may be used to determine my employment or continued employment.

I recognize that this employment application is not an offer of employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Touching Hearts. Transforming Lives.*

**OFFICE APPROVAL**

<i>Position Title:</i> _____	<i>Dept./Location:</i> _____	<i>Hourly/Salary Rate:</i> _____
<i>Potential Start Date:</i> _____	<i>In Budget? Yes or No</i>	<i>Status: Full Time or Part Time</i>
<i>Manager's Signature:</i> _____	<i>Key employee? Yes or No</i>	
<i>Supervisor's Signature:</i> _____	<i># of Badges needed: 0 1 2</i>	
<i>HR Signature:</i> _____	<i>CEO Signature:</i> _____	



## Fair Credit Reporting Act Disclosure for the Procurement of Consumer Reports

**St. Matthew's House (the "Company")** may request a consumer report and/or investigative consumer report, as defined by the federal Fair Credit Reporting Act, on you from a consumer reporting agency in connection with your employment application and for employment purposes. A consumer report is a compilation of information that might affect your employability. These reports may contain information about your character, general reputation, personal characteristics and mode of living. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and GoodHire.

### Authorization

I have carefully read and understand the FCRA Candidate Disclosure for the Procurement of Consumer and/or Investigative Reports. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment where state law allows. I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

DL: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Check this box to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report from GoodHire electronically.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please include a copy of state issued I.D.\*\***