



St. Vincent de Paul Society of Milwaukee
APPLICATION FOR EMPLOYMENT
(Please print clearly)

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____

State _____ Zip Code _____

Telephone Number (Home) _____ (Cell) _____

Email Address _____

Position Applied for _____

If your application is accepted, on what date will you be available to start work? _____

Are you able to accomplish the duties described in the job description? _____ Yes _____ No

Are there any other experiences, skills, or qualifications which you feel would especially make you fill this job well? _____

Have you been convicted of or pleaded no contest to a felony within the last five years? _____ Yes _____ No

If yes, please explain _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME & CITY	FROM YEAR	TO YEAR	GRADUATED ?
HIGH SCHOOL				__ YES __ NO
COLLEGE				__ YES __ NO
OTHER				__ YES __ NO

PREVIOUS WORK HISTORY (Please complete this section and/or attach resume)

DATE		NAME OF EMPLOYING COMPANY	ENDING RATE OF PAY	SUPERVISOR'S NAME
FROM	TO			
			\$	

Describe the work you did: _____

Who can confirm your accomplishments? _____

Reason for leaving? _____

DATE		NAME OF EMPLOYING COMPANY	ENDING RATE OF PAY	SUPERVISOR'S NAME
FROM	TO			
			\$	

Describe the work you did: _____

Who can confirm your accomplishments? _____

Reason for leaving? _____

VERIFICATION POLICY

I understand that St. Vincent de Paul Society makes it a policy to confirm information provided by job applicants on this application form, on their resumes, and statements made during job interviews. St. Vincent de Paul may also conduct background and driving record checks as necessary. I declare that the facts set forth in this application for employment are true and complete. I understand that, if hired, false statements on this application shall be considered sufficient cause for dismissal.

SIGNATURE

DATE

PERMISSION TO RELEASE INFORMATION

St. Vincent de Paul Society of Milwaukee is hereby authorized to confirm all information concerning my previous employment and to conduct any necessary background and drivers record checks. I hereby release all parties from liability for any damage that may result from furnishing such information to you State any exceptions.

SIGNATURE

DATE

AVAILABILITY FORM ST. VINCENT DE PAUL THRIFT STORE

NAME _____

Date _____

	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

NOTES _____

Any availability changes are subject to Store Manager Approval. Please submit any change requests at least two weeks in advance.

SIGNATURE

DATE