

Application for Employment

Please complete this application fully, use additional paper if necessary

The Little Sisters of the Poor is an equal opportunity employer and does not discriminate in terms or conditions of employment on the basis of race, color, sex, sexual orientation, genetic information, religion, national origin, age, physical or mental disability, military or veteran status, pregnancy (including pregnancy related medical conditions and childbirth), or any other category protected by federal, state or local laws, regulations or ordinances. Equal access to programs, services and employment is available to all persons.

IMPORTANT NOTICE TO APPLICANTS WITH DISABILITIES

Applicants and employees with disabilities may be entitled to reasonable accommodation under the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will assist an employee in performing his or her job, without imposing undue hardship on the organization.

In evaluating your ability to perform the job applied for, you may be asked to describe or demonstrate how you will be able to perform essential job functions, with or without a reasonable accommodation. After an offer, or after commencing employment, if you require an accommodation, please request one.

Please inform a Little Sisters of the Poor human resources representative if you need assistance completing any forms, being interviewed, or to participate otherwise in the application/pre-hire process.

Personal Data

First Name	Middle Name	Last Name	Date of application
Street Address			Position (s) applied for
City	State	Zip code	Contact information (Home) _____ (Cell) _____ (Email) _____
1. Have you ever been employed by the Little Sisters of the Poor (LSP)? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Have you ever been employed by the Little Sisters of the Poor under a different name? Yes <input type="checkbox"/> No <input type="checkbox"/> 3. Any friends or relatives currently employed by the Little Sisters of the Poor (LSP)? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of friend/relative who is employed by LSP: _____ How did you hear about us? _____			Salary expected

Availability to Work (check all that apply)

If selected for employment, when would you be able to begin work?					
Days _____	Evenings _____	Nights _____			
Full time _____	Part time _____	Weekends _____	Holidays _____	As Needed (PRN) _____	

Education

Circle the Highest Grade Completed	Elementary/Grammar School 1 2 3 4 5 6 7 8	High School 1 2 3 4	College 1 2 3 4
Name of High School	Location	Grade Average	Graduate or GED? Yes _____ No _____
Name of College	Location	Degree/Major	Graduate? Yes _____ No _____
Other Formal Education or Special Training You Have Attended	Location	Training Received	Graduate? Yes _____ No _____

Employment Experience

List all the places you have been employed for the past 10 years, including dates and positions held, beginning with your current or most recent place of employment. Please do not submit a resume in lieu of completing this portion of the application. Use additional pages if necessary.

Employer's Name, Address and Supervisors Name and Title	Position Held	Dates of Employment	Reason for Leaving
1. Current or most recent employment _____ _____ _____	_____	From: To:	_____ _____ _____
2. Previous employment _____ _____ _____	_____	From: To:	_____ _____ _____
3. Previous employment _____ _____ _____	_____	From: To:	_____ _____ _____
4. Previous employment _____ _____ _____	_____	From: To:	_____ _____ _____

Personal References (please list 2 personal references, excluding relatives)

Name	Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____

Professional References (please list 2 supervisors/managers who you can attest to your professional ability)

Name	Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____

Please answer the following question:

1. Are you able to perform the essential functions of the job for which you are applying? (Refer to job description). If you are able to perform the essential functions of the job, but will require a reasonable accommodation in order to do so, please simply answer "yes" without explanation.

Yes No (circle one)

If you circled No, please explain:

NOTE: This question is not intended to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodations, or whether accommodation is necessary. These issues may be addressed as needed, at a later date, to the extent permitted by law.

APPLICANT STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if provided), and all information I provide prior to being hired, is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination of my employment if discovered at a later date.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that, if hired, my employment will be at will and I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for

employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary. I further understand that only the Mother Superior of the Home has any authority to enter into any agreement contrary to the foregoing or make any oral assurances or promises of continued employment.

I understand that this employer does not intend to unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand employment with the Home is conditional upon verification of information in this application or resume (if provided).

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date



Little Sisters of the Poor, St. Augustine's Home
 2345 W. 86th St., Indianapolis, IN 46260
 Phone: (317) 415-5767

APPLICANT'S AUTHORIZATION TO RELEASE (Complete Top Portion Only)

I, _____, have applied for a position with Little Sisters of the Poor and have listed this company as a previous employer. I grant permission and authorize release of the information requested on this employment verification and reference check. The company will have no liability or action taken against them based on the answers you provide when completing this form. Your prompt response is requested. Thank you in advance for your cooperation and assistance.

Applicant's Signature: _____ Date: _____

EMPLOYER'S SECTION for Candidate Employment Verification & Reference Check

To:		From:	
Fax:		Date:	

The candidate listed above has applied for a position with us and has listed your company as an employment reference. Please complete this and return this form to us as soon as possible; no cover sheet is required. Please feel free to call if you have any questions. Thanks for your time.

Position Held: _____ Dates Employed: From _____ To _____

Employment Status: FT _____ PT _____ Eligible for Rehire: YES or NO

PLEASE CIRCLE THE BEST ANSWER – These questions are optional.

WORK HABITS; use of time, completed duties:	Satisfactory	Unsatisfactory
COMPLIANCE; followed policies & procedures:	Satisfactory	Unsatisfactory
ATTENDANCE; including promptness (on-time):	Satisfactory	Unsatisfactory
COMPASSION & COOPERATION; towards others:	Satisfactory	Unsatisfactory

Additional comments welcomed here: _____

SIGNATURE

YOUR TITLE

DATE

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