

EMPLOYMENT EXPERIENCE

Date Month/Year	Name and Address of Employer	Wage or Salary	Position/Supervisor/Phone Number	Reason for Leaving	May we Contact
From:		Starting:			
To:		Ending:			
From:		Starting:			
To:		Ending:			
From:		Starting:			
To:		Ending:			
From:		Starting:			
To:		Ending:			
From:		Starting:			
To:		Ending:			

Which of these jobs did you enjoy the most and why? _____

Which of these jobs did you like the least and why? _____

MILITARY

Have you ever served in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what branch?	
Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rank:	Present membership in National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES:

Please list at least 2 work references and 1 personal references below

Name	Email	Phone Number	Relationship	Yrs. Known
1.)				
2.)				
3.)				

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed unless the change is specifically authorized in writing. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that certain positions may require the knowledge of or the practice of the Catholic faith. If this is a requirement, I will be told prior to employment.

I understand that the employer may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

Return to: Human Resource Manager, St. Charles Center, 2860 US Route 127, Celina, Ohio 45822 or email: HRManager@ccps-preciousblood.org