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one Number					
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	Darinal				
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You Employed Now?	☐ Yes ☐ No	If So May We Contact Your Present Employer	-? □ Yes	□No	
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Employment History

List below your last four employers, starting with your most recent one first.

Date, Month and Year	Name and Address of Employer	Phone Number	Supervisor	Salary (upon leaving)	Position	Reason for Leaving
From						
То						
From						
То						
From						
То						
From						
То						

References

List below three people not related to you, who you have known for at least one year.

Name	Address	Phone Number	Position	Years Known
1.				
2.				
3.				

If you are to be hired by St. Vincent de Paul, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

Authorization

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed.

I understand that any employment is conditioned on a background check. I authorize St. Vincent de Paul to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to St. Vincent de Paul, without giving me prior notice of such disclosure. In addition, I release St. Vincent de Paul, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or St. Vincent de Paul. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon St. Vincent de Paul unless made in writing by an authorized St. Vincent de Paul representative.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to medical examination or drug test at any time deemed appropriate by St. Vincent de Paul and as permitted by law. I consent to such examinations and tests, and I request that the examaning doctor disclose to St. Vincent de Paul the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, if required, and if I am hired a condition of my employment will be that I abide by St. Vincent de Paul's Drug and Alcohol Policy.

I understand that acceptance of this form does not indicate there is a position open and does not obligate St. Vincent de Paul to hire. If hired, I agree to abide by all St. Vincent de Paul work rules, policies and procedures. St. Vincent de Paul retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature Date