

# EMPLOYMENT APPLICATION



**ST. ANTHONY'S**  
**GARDENS**

*A Senior Living Ministry of the Archdiocese of New Orleans*

**To Applicant:** St. Anthony's Gardens is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era. We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

## PERSONAL INFORMATION

PLEASE PRINT ALL INFORMATION:

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

Name \_\_\_\_\_  
Last First Middle

Telephone#: \_\_\_\_\_ Email \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Apt. City State Zip Code

Previous Address: \_\_\_\_\_  
Street Apt. City State Zip Code

How long have you lived at present address? \_\_\_\_\_ How long at previous address? \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_

Are you legally eligible for employment in the USA? \_\_\_\_\_ Do you have reliable transportation to work? \_\_\_\_\_

Position(s) you are applying for: \_\_\_\_\_ Rate of pay expected per hour \$ \_\_\_\_\_

Work Status Needed (circle your preference): FULL-TIME PART TIME PRN

Please list your preferred shift (work hours): 1st Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Were you previously employed by (St. Anthony's Gardens)? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

Do you have any friends or relatives working for (St. Anthony's Gardens)? \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_

Have you ever been bonded: \_\_\_\_\_ If yes, for what job (s) ? \_\_\_\_\_

Are you excluded from participation in Federal Health Care Programs? \_\_\_\_\_ If yes, please explain:

On what date would you be available to begin work? \_\_\_\_\_

## EMPLOYMENT RECORD

List below present and past employment, beginning with your most recent. Please complete all information in full even when submitting a resume.

1. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your former employers? \_\_\_\_\_ If not, which employers do you not want us to contact? \_\_\_\_\_

Why would you like to work at (St. Anthony's Gardens)? \_\_\_\_\_

Why would you like to work at (St. Anthony's Gardens)? \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION RECORD**

High School Name: \_\_\_\_\_ State: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

GED Where: \_\_\_\_\_ State: \_\_\_\_\_

College Name: \_\_\_\_\_ State: \_\_\_\_\_ How Long? \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Name: \_\_\_\_\_ State: \_\_\_\_\_ How Long? \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ How Long? \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

Certifications or Licensures (Please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other experiences, skills, hobbies or qualifications that may benefit our organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE RECORD**

Were you in the US Armed Forces? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

List duties in the service: \_\_\_\_\_  
\_\_\_\_\_

What type of training or education did you receive in the military? \_\_\_\_\_  
\_\_\_\_\_

# **PROFESSIONAL REFERENCES**

NO RELATIVES PLEASE.

|   |   |
|---|---|
| Name: _____<br>Occupation: _____<br>Address: _____<br>_____<br>Phone #: _____ | Name: _____<br>Occupation: _____<br>Address: _____<br>_____<br>Phone #: _____ |
| Name: _____<br>Occupation: _____<br>Address: _____<br>_____<br>Phone #: _____ | Name: _____<br>Occupation: _____<br>Address: _____<br>_____<br>Phone #: _____ |

## **Please read and sign below:**

I understand that nothing contained in this application or in the interview process is intended to create an employment contract between me and (St. Anthony's Gardens). If I am employed by (St. Anthony's Gardens), I will be an employee-at-will. This means that both (Tuscan Isle) and I have the right to terminate my employment at any time, for any reason, with or without cause. I also acknowledge that upon receiving an offer of employment, I will be required to successfully complete all pre-employment requirements such as a physical, PPD skin test, drug screen, background check, OIG and references.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

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