



Employment Application

Application for St. Anne Institute

Position Applied For (required):

Last Name (required):

First Name (required):

Middle Initial (required):

SS# (required):

Street Address (required):

City, State, Zip (required):

Email (required):

Phone (required):

Please describe why you are interested in the position (required):

Are there limitations to your flexibility to work particular hours or days (required): Yes or No
If yes, please explain:

Do you have a valid, clean New York State driver's license? (required): Yes or No
Are there any restrictions? (required): Yes or No
If yes, please explain restriction:

I affirm and swear that to the best of my knowledge, I Have I Have Not (circle one)
been convicted of a crime in the State of New York OR any other jurisdiction. If you have,
please explain:

Education:

Have you obtained a High School Diploma/GED?: Yes or No
Date diploma attained:

College (one): Please provide Name of School, Location of School, Dates Attended and
Degree/Major in the space below:

College (two): Please provide Name of School, Location of School, Dates Attended and
Degree/Major in the space below:

Other training, licenses, certifications, etc:

Current Employer: (leave black if unemployed)

Current Employer:

Mailing Address:

Phone Number:

Your Position:

Date Hired:

Your Supervisor (Name & Title):

May we contact your current employer?: Yes or No

Previous Employers: May we contact your previous employers? Yes or No

Previous Employer (1):

Mailing Address:

Phone Number:

Your Position:

Job Duties:

Dates Employed:

Your Supervisor (Name & Title):

Reason for Leaving:

Previous Employer (2):

Mailing Address:

Phone Number:

Your Position:

Job Duties:

Dates Employed:

Your Supervisor (Name & Title):

Reason for Leaving:

Previous Employer (3):

Mailing Address:

Phone Number:

Your Position:

Job Duties:

Dates Employed:

Your Supervisor (Name & Title):

Reason for Leaving:

Additional References:

In the space provided below, please provide (3) references. Include their name, how you know this person and phone number.

Please attach a resume if available.

Please attach a cover letter if available.

Agreement: (Please read the following statements carefully before signing this application)

I affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. Falsified information or significant omission will disqualify me from further consideration for employment, and may result in dismissal if discovered at a later date. I authorize persons, schools, employers, and organization named in this application (and accompanying resume, if any) to provide and relevant information that may be required to arrive at an employment decision.

Type your name below to sign: (required)

Today's Date: (required)