

APPLICATION FOR EMPLOYMENT

FRANCISCAN SISTERS OF PERPETUAL ADORATION

PERSONAL DATA

NAME – LAST _____ FIRST _____ MIDDLE _____

ADDRESS – NUMBER AND STREET _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (AREA CODE) _____ NUMBER _____ MESSAGE PHONE (AREA CODE) _____ NUMBER _____

SOCIAL SECURITY NUMBER (VOLUNTARY) _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO PROOF WILL BE REQUIRED AT START OF EMPLOYMENT.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO EXPLAIN _____

POSITION DESIRED _____ **DATE AVAILABLE** _____

___ FULL TIME ___ PART TIME ___ TEMPORARY

ARE YOU CURRENTLY EMPLOYED? YES NO
 IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? YES NO

MAY WE CONTACT YOU AT WORK? YES NO
 IF YES, WORK NUMBER AND BEST TIME TO CALL. _____

EDUCATION OR TRAINING

(circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 college/university 1 2 3 4

School or Program	Location	Major	Degree

SPECIAL TRAINING, SKILLS, EXPERIENCE

Do you have any special training, skills, or experience that is relevant to the position for which you are applying?

YES NO If yes, describe: _____

CURRENT PROFESSIONAL LICENSES OR CERTIFICATES

TYPE _____ STATE _____ EXPIRATION _____ NUMBER _____

SKILLS AND EQUIPMENT

- | | | |
|--|---|--|
| <input type="checkbox"/> TYPING _____ WPM
<input type="checkbox"/> CALCULATOR
<input type="checkbox"/> FAX
<input type="checkbox"/> OTHER _____ | PERSONAL COMPUTER SOFTWARE:
<input type="checkbox"/> MICROSOFT OFFICE SUITE
<input type="checkbox"/> MICROSOFT WORD/WORKS | <input type="checkbox"/> MICROSOFT EXCEL
<input type="checkbox"/> MICROSOFT ACCESS
<input type="checkbox"/> MICROSOFT POWERPOINT
<input type="checkbox"/> OTHER _____ |
|--|---|--|

EMPLOYMENT HISTORY

The employment history is to be completed in detail even though a resume may be included.
Beginning with your present job, list all employment activity.

POSITION _____ **DATES EMPLOYED** _____ **SUPERVISOR** _____

EMPLOYER _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE # _____ SALARY _____

DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT

POSITION _____ **DATES EMPLOYED** _____ **SUPERVISOR** _____

EMPLOYER _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE # _____ SALARY _____

DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT

POSITION _____ **DATES EMPLOYED** _____ **SUPERVISOR** _____

EMPLOYER _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE # _____ SALARY _____

DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT

ADDITIONAL INFORMATION PERTINENT TO THE POSITION YOU ARE APPLYING FOR:

Return to: Franciscan Sisters of Perpetual Adoration
St. Rose Convent
Attn: Human Resources
701 Franciscan Way
La Crosse, WI 54601

Human Resources: 608-791-5261
Email: dscoville@fspa.org

www.fspa.org

FOR OFFICE USE ONLY

Start Date _____

Position _____ Full time _____

Entity _____ Part time _____

Department _____

Salary _____

Exempt _____ Non-Exempt _____

_____ Finance Department

An Equal Opportunity Employer