



Employment Application

Please check the Program in which you are seeking employment:

- | | | |
|---|---|---|
| <input type="checkbox"/> Adelante Familia | <input type="checkbox"/> Beans & Bread Center | <input type="checkbox"/> Camp St. Vincent |
| <input type="checkbox"/> Central Office | <input type="checkbox"/> Cottage Avenue Community | <input type="checkbox"/> FoodShare |
| <input type="checkbox"/> Frederick Ozanam House | <input type="checkbox"/> Head Start NW | <input type="checkbox"/> Head Start SE |
| <input type="checkbox"/> Mobile Clothing Bank | <input type="checkbox"/> Prison Outreach | <input type="checkbox"/> Samaritan Center |
| <input type="checkbox"/> Sarah's Hope | <input type="checkbox"/> St. Ambrose Center | |

Position Sought: *(Please list all that apply.)* Full Time Part Time Temporary Seasonal

What position(s) are you applying for? _____

Office Use Only:

Date Submitted: _____ Date Received: _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

A. General Information

Title (if applicable) Mr. Ms. Mrs. Other _____

Last Name	First Name	Middle Initial	Suffix
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Street Address _____

City	State	Zip
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E-mail Address	Social Security Number
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Primary Phone [] _____ Alternate Phone [] _____

B. Background Information

1. Are you 18 years of age or older? **Yes** **No** [if you are hired, you may be required to submit proof of age]
2. When are you available to begin employment? _____
3. Please indicate salary requirements: _____
4. Are you a U.S. Citizen or authorized to work in the United States? **Yes** **No**
[If hired, you will be required to submit proof of eligibility to work in the U.S.]
5. Have you worked for this program or another of our programs before? **Yes** **No**
If yes, which program and when? _____
6. Do you speak Spanish? **Yes** **No** If Yes, please indicate: un poco bien muy bien
Other Languages: _____

C. Certifications/Licenses:

1. Please provide a list of current certifications and attach a copy of your certificate in the areas of: Business Administration; Health and Safety, Maintenance and Food Service:

2. What skills or additional training do you have that are related to the job for which you are applying?

3. What machines or equipment can you operate that are related to the job for which you are applying?

4. Have you participated in the Catholic Archdiocese of Baltimore STAND Training within the last 12 months? If so, please indicate date and place: _____

For Driving Jobs ONLY

1. Do you have a valid driver's license? Yes No If yes, State/Country: _____

Driver's License Number: _____ Class of License: _____

2. Have you had your driver's license suspended or revoked in the last three [3] years? Yes No

If, yes, please explain: _____

D. Employment Experience (Begin with most recent. Attach additional pages if necessary)

1. Job Title: _____ From: _____ To: _____

Employer: _____

Address: _____ Zip _____

Supervisor: _____ Title: _____

Phone Number: _____ Fax: _____

Description of Duties: _____

Beginning Salary: _____ Ending Salary _____

Reason for Leaving: _____

May we contact this employer? Yes No

2. Job Title: _____ From: _____ To: _____

Employer: _____

Address: _____ zip _____

Supervisor: _____ Title: _____

Phone Number: _____ Fax: _____

Description of Duties: _____

Beginning Salary: _____ Ending Salary _____

Reason for Leaving: _____

May we contact this employer? Yes No

E. Education Background (Beginning with Present or Last Institution Attended)

SCHOOL ATTENDED	NAME OF SCHOOL (City/State)	CIRCLE LAST YEAR COMPLETED	CREDITS/ DEGREES	MAJOR/ MINOR
High School		9 10 11 12		
Undergraduate School		1 2 3 4		
Graduate School				

F. Volunteer Experience

Dates	Organization	Location	Phone

G. Professional, trade, business or civic activities and offices held. *[Exclude labor organizations and memberships which reveal race, ethnicity, religion, national origin, gender, age, disability or other protected status.]*

Type	Dates	Organization	Contact Name	Phone

H. REFERENCES (provide one in each category) *If previously volunteered or worked for Archdiocese, this reference must be applicant's most recent supervisor.*

Name	Address & Zip	Phone	Relationship
Personal			
1.			
Professional			
2.			
Professional / Civic			
3.			

I. ADDITIONAL INFORMATION

- Have you ever been a Priest, Deacon or member of a Religious Institute? Yes No If yes, name of Diocese or Religious Institute: _____
- Have you ever been employed by St. Vincent de Paul or the Archdiocese of Baltimore? Yes No
Position: _____ Location: _____
- Have you ever served as a volunteer for St. Vincent de Paul or the Archdiocese of Baltimore? Yes No
Position: _____ Location: _____
- Are you now or do you expect to be engaged in any other business or employment? Yes No
If yes, please explain: _____

5. How were you referred to St. Vincent de Paul and the Archdiocese of Baltimore? (i.e. Newspaper name, website)

6. If applicable, please list other name(s) under which your credits/credentials/experience may be filed. _____

J. Affidavits and Releases

- a. Have you ever had your employment or volunteer services terminated by any organization? Yes No
- b. Have you been terminated from employment or volunteer service due to suspected child abuse? Yes No
- c. Have you ever been accused of physically, sexually or emotionally abusing a child? Yes No
- d. Have you ever been convicted of a crime? Yes No

If you answered YES to any of the above questions, please explain: _____

A conviction record is not necessarily a bar to employment. Each application will be considered individually, taking into account the nature and seriousness of the offense, how long it occurred, and rehabilitation. Do NOT answer yes if the conviction has been expunged or pardoned.

I understand that the St. Vincent de Paul of Baltimore takes all allegations of abuse seriously. I further understand that the St. Vincent de Paul of Baltimore cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges. I certify that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I hereby grant permission to SVDP of Baltimore and related entities to investigate my background, qualifications and references and to release this application and related information. I hereby release from liability SVDP, related entities, and their agents from liability in connection with investigating and evaluating my application and sharing the information as described above.

I also hereby give permission for SVDP of Baltimore to conduct a criminal background check, arrest records check, abuse registry check and driving record check for the purposes of my employment. I hereby waive any right that I may have to inspect any information provided about me by persons previously mentioned. I have also read and understood the above stated information within this release and am signing below of my own free will.

I authorize persons, schools, current employers and previous employers, and organizations named in this application to provide SVDP of Baltimore with any relevant information that may be required. I further release all parties providing information from any and all liability or claims for damages whatsoever that may result from this information's release, disclosure, maintenance, or use.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND IS SUBJECT TO A FINE NOT EXCEEDING \$100.

My signature indicates that I have read and understand the above.

Applicant Signature

Date

Applicants under the age of 18, parent and/or legal guardian must sign this application.

I understand the commitment that my son/daughter is making to volunteer and will fully support their efforts. I have read and understood the above stated information under Affidavits and Releases section and am signing below of my own free will.

Parent and/or Guardian of Applicant Signature

Date

Parents: Please note that the applicants Social Security number must be provided for tax purposes and in case of a medical emergency.

Application Reviewed by

Date

It is our policy to provide equal opportunities to all qualified persons without regard to race, age, color, sex, national origin or disability.