

St. Mary's Parish Family

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Application for Employment

Personal Information

Name (Last, First, Middle Initial) _____

Home Phone _____ Business Phone _____

Cell Phone _____ E-mail _____

Present Address (Street, City, State, Zip) _____

Legally Authorized to work in the U.S.? Yes ____ No ____

Social Security Number _____

How were you referred to St. Mary's? _____

Position for which you are applying _____

Minimum Salary Required _____ Will you work overtime? Yes ____ No ____

Date Available to begin work _____

Have you ever been convicted of or pleaded guilty to commission of a felony in the past 7 years?

Yes ____ No ____

If yes, list the court involved unless the record has been sealed _____

City _____ State _____ Year _____

(Criminal convictions do not automatically disqualify applicants for employment)

Former Employers (List last 3 employers, starting with the most recent)

Dates of Employment (Month/Year)	Name/Address of Employer	Salary/Wage	Position Title	Reason for Leaving

References: Give the names of 3 persons not related to you, who have known you at least one year and can provide you a reference; at least one personal and at least one professional reference.

Name	Address/Phone Number	Business	# Years Known

In consideration of the St. Mary's Parish Family review and evaluation of my application for employment I represent and agree to the following:

- The answers to the questions and information provided by me in this application are true.
- St. Mary's Parish Family may investigate my background, and I authorize all persons and organizations, including schools and law enforcement agencies to furnish to St. Mary's Parish Family any information concerning me which may be relevant to my employment by St. Mary's Parish Family and release any person or organization furnishing such information from liability for providing same.
- Submission of false information on this application may result in immediate termination of my employment by St. Mary's Parish Family, if I am employed by St. Mary's Parish Family, or disqualify me from eligibility for employment.

SIGNATURE _____ DATE _____