

MOTHER TERESA HOUSE
FOR THE CARE OF THE TERMINALLY ILL

EMPLOYMENT APPLICATION

Name: (Last, First, Middle) _____

Address: (Number, Street, City/State, Zip) _____

Phone: _____ Are you a U.S. Citizen? _____ yes _____ no

Are you above the age of eighteen? _____ yes _____ no

Have you ever been convicted of a felony? _____ yes _____ no If yes, please explain

Indicate job position you are applying for: _____

List skills/training you have that would be suitable for this position: _____

EDUCATION

High School (Name/Location) _____

Date of Graduation: _____

College: (Name/Location) _____

Date of Graduation: _____ Major/Minor _____

Other Education/Certificates: _____

EMPLOYMENT RECORD
(List current/most recent employer first)

1). Employer Name/Address: _____

Type of Work: _____ Dates: _____ to _____

Name of Supervisor: _____ Phone: _____

May we contact your supervisor regarding your work history? _____ yes _____ No

2). Employer Name/Address: _____

Type of Work: _____ Dates: _____ to _____

Name of Supervisor: _____ Phone: _____

May we contact your supervisor regarding your work history? _____ yes _____ No

3). Employer Name/Address: _____

Type of Work: _____ Dates: _____ to _____

Name of Supervisor: _____ Phone: _____

May we contact your supervisor regarding your work history? _____ yes _____ No

I authorize the investigation of all statements contained in this application if I am considered for employment. I further agree to a criminal background check, including fingerprinting for state and federal offenses.

Signature

Date