



DAUGHTERS OF CHARITY SERVICES OF NEW ORLEANS

APPLICATION FOR EMPLOYMENT

Daughters of Charity Services of New Orleans (DCSNO) considers all applicants for employment without regard to race, color, religion, sex, national origin, age disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, Daughters of Charity Services of New Orleans complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. Daughters of Charity Services of New Orleans also provides reasonable accommodations to qualified individuals with disabilities in accordance with applicable laws.

Last Name	First Name	Middle Name	Telephone Number
Present Street Address	City	State	Zip Code
Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.)			Yes <input type="checkbox"/> No <input type="checkbox"/>
If hired, can you furnish proof you are eligible to work in the U.S.?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Positions applied for

Are you seeking: Full-time ☐ Part-time ☐ PRN ☐ Intern ☐

When could you start work? _____

Are you available to work: Day ☐ Evening ☐ Weekends ☐ Anytime ☐

Have you ever applied here before? Yes ☐ No ☐ If yes, when? _____

Were you ever employed here? Yes ☐ No ☐ If yes, when? _____

Do you have any relatives or personal friends in the employment of DCSNO? Yes ☐ No ☐

If yes, please state:

Name _____ Relationship _____

Name _____ Relationship _____

EDUCATION

Please list name and address of schools		
High School or GED: _____ _____ _____ _____	Number of Years Completed:	Highest Grade Completed: (please circle) 9 10 11 12
College or University: _____ _____ _____ _____ Diploma or Degree Received:	Number of Years Completed:	Highest Grade Completed: (please circle) 1 2 3 4
Vocational or Technical: _____ _____ _____ _____	Number of Years Completed:	Diploma/Certificate

EMPLOYMENT HISTORY (please list the last 10 years starting with most current)

Name of Employer	Supervisor	
Address	Employed	
City, State, Zip	From (mo/yr)	To (mo/yr)
Telephone	Pay	
Title	Start \$	Final \$
Reason for Leaving		
Duties		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Employer	Supervisor	
Address	Employed	
City, State, Zip	From (mo/yr)	To (mo/yr)
Telephone	Pay	
Title	Start \$	Final \$
Reason for Leaving		
Duties		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Employer	Supervisor	
Address	Employed	
City, State, Zip	From (mo/yr)	To (mo/yr)
Telephone	Pay	
Title	Start \$	Final \$
Reason for Leaving		

Duties

May we contact this employer? Yes ☐ No ☐

Please explain any gaps in employment: _____

PERSONAL REFERENCES (do not include former employers or relatives)

Name	Address	Telephone Number
Name	Address	Telephone Number
Name	Address	Telephone Number

MILITARY SERVICE RECORD

Were you in the US Armed Forces? Yes ☐ No ☐

If Yes, what branch?	Rank at Discharge
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SPECIAL SKILLS

List skills that you possess that are applicable to position applied for?

In your opinion, what qualities would you bring to our company that would contribute to its success?

Please read, initial and sign below

I understand and voluntarily agree that:

<p>1._____The facts set forth in my application for employment are true and complete. I understand that any misrepresentations, omissions or false statements on this application shall be considered sufficient cause for refusal of employment, or, if employed by Daughters of Charity Services of New Orleans, may subject me to termination.</p>	
<p>2._____I understand that as a condition of employment I may have to take a physical examination which will include drug urinalysis, TB test, flu shot and immunizations and if employed, I will be required to take such tests at various times without prior notice. A positive report from a drug or alcohol test will disqualify me from employment, and if I am employed, will result in my termination.</p>	
<p>3._____You are hereby authorized to make any investigation or verify all the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to Daughters of Charity Services of New Orleans, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.</p>	
<p>4._____I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employer records, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.</p>	
<p>5._____I understand that in the event I am employed, my employment and compensation may be terminated with or without cause, with or without notice, at any time, at the option of either the company or me. I further understand that no representation of Daughters of Charity Services of New Orleans, other than the CEO, has any authority to enter into agreement for employment for any specified period of time, or to make agreement different from or contrary to any Company policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the individual designated above.</p>	
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>