

# St. Christopher's Inn, Inc.

21 Franciscan Way, PO Box 150  
Garrison, NY 10524

## APPLICATION FOR EMPLOYMENT (PLEASE PRINT ALL INFORMATION)

Last Name	First	Middle	Social Security Number
Street Address			Home Phone#
City, State, Zip			Cell Phone#
Are you legally eligible for employment in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes verification will be requested)			
If you are under 18 years of age, give your date of birth:			
Position Desired:			Application Date:
Prefer? (Circle)			
Full Time	Part time	Per Diem	Days Evenings Nights Weekends
Salary Desired:			Date Available:
How were you referred to St. Christopher's Inn? Self: _____ Employee: _____			
Newspaper: _____ Website: _____ Other: _____			
Were you previously employed at St. Christopher's Inn or Friars of the Atonement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the following information:			
Department:		Title:	Dates:

Education	Name and Address of School	Did you Graduate?	Major Subject	Type of Degree/ Diploma
High School				
College				
Graduate				
Other				

Name of School now attending (list days and hours attending):

Please list Professional Organizations to which you belong: _____ _____	List Professional licenses. Include number & expiration date: _____ _____
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Skills:  
Typewriter: \_\_\_\_\_ Computer \_\_\_\_\_ MS Word \_\_\_\_\_ MS Excel \_\_\_\_\_ MS Outlook \_\_\_\_\_ MS PowerPoint \_\_\_\_\_

Knowledge of Medical Terminology?  Yes  No Other Computer Programs: \_\_\_\_\_

List any Technical, Trade or Mechanical Skills: \_\_\_\_\_

**STATE AND FEDERAL STATUTES PROHIBIT DISCRIMINATION  
 RECORD OF EMPLOYMENT  
 (GIVE PRESENT OR LAST EMPLOYER FIRST)**

Company:		Your Position:	Department
Address:	Telephone Number:		Employed (Month and Year) From To
Reason for leaving	Name of Immediate Supervisor	Salary	Hours per week

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**MILITARY SERVICE**

Years served:	Special Training:
From: To:	

I am able to perform the duties required for the position for which I am applying with \_\_\_\_\_ or without \_\_\_\_\_ (check one) reasonable accommodation. If reasonable accommodation is necessary, please explain:

Have you ever been convicted of a crime excluding misdemeanors and summary offences in the past 10 years, which have not been annulled, expunged or sealed by the court?  Yes  No If yes, please explain: \_\_\_\_\_

Do you have any relatives employed by St. Christopher's Inn, Inc. or the Friars of the Atonement?  Yes  No If yes, please give name and department:

I certify that the information given by me above is true and complete to the best of my knowledge and that it is provided with the understanding that my present and previous employers and other persons, agencies and organizations may be asked for details relative to my employment with them. I hereby release from all liability or damage these person, agencies and organizations that may furnish such information. Further, I understand that St. Christopher's Inn, Inc. and The Friars or the Atonement may use the contents of this application and any other personal records in whatever manner necessary. I understand that misrepresentation or omission of facts for herein may be grounds for dismissal.

**THIS IS NOT A CONTRACT OF EMPLOYMENT.** Any individual who is hired may voluntarily leave employment upon proper notice an may be terminate by St. Christopher's Inn, Inc. and The Friars of the Atonement at any time. Any oral or written statement or promise to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

\_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_