

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO
 (St. Margaret's, St. Luke's, St. Jude's) If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Information

Branch: _____ From:-----To:_____

Rank at Discharge: _____ Type of Discharge:_____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I voluntarily consent to authorize St. Margaret's to check my references by contacting any person or entity whom they deem to be an appropriate reference.

Signature: _____ Date : _____



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DISCLOSURE FORM

By this document, -----

discloses that you are selecting to provide requested personal information to obtain a consumer report. A "consumer report" is a background screening report that may include, but not limited to, information about your state police criminal history record; sex offender registry status; healthcare exclusion status; credit history; driving history; education history; employment history; professional licenses; name; drug and alcohol tests; social security number; and other information. This information may provide insight on your character, general reputation, personal characteristics, and mode of living. This may be obtained for employment purposes, including contract for services, as part of the pre-employment process and at any time during your employment to evaluate you for employment, promotion, reassignment, or retention.

Please sign below to acknowledge the receipt and understanding of this disclosure.

Signature _____

Date _____

Printed Name _____



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AUTHORIZATION FORM

By signing below, you acknowledge that: (a) you received a separate disclosure document, (b) it is clear and conspicuous, (c) you read and understood it in its entirety.

I authorize and permit _____

to request information for a consumer report.

I authorize the complete disclosure and release of these records or data pertaining to me that an individual, company, firm, corporation or public/governmental agency may have and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the requesting company or its designated agents with any and all information in their possession regarding me in connection with an application of employment.

I authorize Background Research Solutions, LLC and its designated agents, members, and representatives to perform search request(s) and obtain information about me for a consumer report.

I authorize Background Research Solutions, LLC to disclose and release obtained information to my potential employer, its designated agents and representatives, and/or with others for legitimate business purposes in connection with an application of employment. Further, I understand Background Research Solutions, LLC only providing information requested and is not rendering or offering opinion on my employment eligibility.

Your authorization releases Background Research Solutions, LLC and its agent from all liability for damages, of whatever type or nature, that may occur from inaccurate information in any or all federal, state or county jurisdictions and Louisiana State Police criminal history records, including court costs and reasonable attorney fees suffered by any person, including the undersigned arising from the request and disclosure of the requested information. Further, your authorization releases and discharges from all liability any companies, agencies, officials, officers, employees, and other persons, who provide the above-mentioned requested information. Should a consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and contents of the investigation requested.

I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

Please print clearly and complete the form entirely

Print Full Name					
Maiden Name or Alias					
Date of Birth			Social Security Number		
Current Address					
City			State	Zip	
Race			Gender		
Driver's License Number				State Issued	
Applicant's Signature				Date	