CONGREGATION OF BENEDICTINE SISTERS CORPORATION AND BENEDICTINE MINISTRIES CORPORATION EMPLOYMENT APPLICATION

216 W. Highland, Boerne, TX 78006 – (830) 816-3094 – FAX: (830) 249-3327

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT OR TYPE

Name:	**Phone Number:** **( )**	**Email:**
Address: (Number) (Street) (City) (State) (Zip)		
Position Applied For:	**On What Date Will You Be Available For Work:**	**Salary Desired:**
Are You Able to Work: **Full Time: _____ Part Time: _____**		
Have You Ever Been Convicted of a Felony? ** Yes _____ No _____ If yes, please explain:		
Have You Ever Applied to CBS, or BMC Before? Yes _____ No _____ If yes, when?		
Have You Ever Been Employed with CBS, or BMC Before? Yes _____ No _____ If yes, when?		
Do You Have a Relative or Friend Employed With CBS, or BMC? Yes _____ No _____ If yes, who?		
Are You Currently on a "Lay-Off" Status and Subject to Recall? Yes _____ No _____		
Are You Prevented From Lawfully Becoming Employed in This Country Because of Visa or Immigration Status? Yes _____ No _____		

EDUCATION **Years Completed: 6 7 8 9 10 11 12 14 16 18 19 20+ (Circle one)**

Education	Name of Institution	City/State	Courses of Study	Major	Diploma/Degree
Elementary School					
High School					
GED					
College/University					
College/University					
Other Training or Education					

EMPLOYMENT AND BUSINESS HISTORY (Last Job First)

May we inquire of your present employer? Yes ___ No ___

Most Recent Employer: _____ Address:_____

Telephone: ( ) _____ Name & Title of Supervisor: _____

Date Started: _____ Starting Salary: _____ Starting Position: _____

Date Left: _____ Salary on Leaving: _____ Position on Leaving: _____

Description of Duties: _____
_____

Reason for Leaving: _____
_____

Previous Employer : _____ Address:_____

Telephone: ( ) _____ Name & Title of Supervisor: _____

Date Started: _____ Starting Salary: _____ Starting Position: _____

Date Left: _____ Salary on Leaving: _____ Position on Leaving: _____

Description of Duties: _____
_____

Reason for Leaving: _____
_____

Previous Employer: _____ Address:_____

Telephone: ( ) _____ Name & Title of Supervisor: _____

Date Started: _____ Starting Salary: _____ Starting Position: _____

Date Left: _____ Salary on Leaving: _____ Position on Leaving: _____

Description of Duties: _____
_____

Reason for Leaving: _____
_____

In addition to your work history, what other experiences and/or skills for qualifications would especially suit you for work with our organization? _____
_____
_____

Do you speak a language other than English?

LANGUAGE	SPEAK	READ	WRITE
_____	Good____ Fair____	Good____ Fair____	Good____ Fair____

_____ Good____ Fair____ Good____ Fair____ Good____ Fair____

REFERENCES: Give the names of three persons not related to you whom you have known at least one year. Providing this information means that you give this organization permission to contact the references listed.

Name:_____ Address:_____

City:_____ State:_____ Zip:_____ Phone:_____

Name:_____ Address:_____

City:_____ State:_____ Zip:_____ Phone:_____

Name:_____ Address:_____

City:_____ State:_____ Zip:_____ Phone:_____

Notes:

****As part of the application process, a Criminal Check will be conducted within six (6) weeks of hire date. Continued employment is dependent upon a favorable Criminal Check report. A Driving Check, when applicable, will also be conducted.**

APPLICANT'S STATEMENT

I certify that all of the information provided by me on this application form, and on any attachments thereto, including resumes and any other documents I have submitted to the CBS or BMC, is true, correct and complete. I have not omitted any information requested by the CBS or BMC on this application form. I agree to provide supplemental information if requested by the CBS or BMC. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized Executive of this organization. In the event of employment, I understand that false, misleading, inaccurate or incomplete information given on this application form, and on any attachments thereto, including resumes and any other documents submitted by me to the CBS or BMC, and during interviews and other aspects of the application/hiring process will result in the rejection of my application or termination of employment, if discovered after hiring. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____

Signature of Applicant Date

FOR HUMAN RESOURCES/PERSONNEL DEPARTMENT ONLY

Arrange Interview: Yes _____ No _____ Comments: _____

Interviewed by: _____ Date: _____

Date of Employment: _____ Hourly/Salary: _____

Program: _____ Title: _____

The Congregation of Benedictine Sisters Corporation and the Benedictine Ministries Corporation comply with state and federal laws, which prohibit discrimination because of race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or other legally protected status.

(PLEASE ATTACH COPIES OF RESUME, DIPLOMA, DEGREE, CERTIFICATE, AND/OR LICENSE TO APPLICATION.)