



FRANCISCAN SISTERS OF LITTLE FALLS, MINNESOTA

116 8th Avenue SE • Little Falls, MN 56345-3597
Phone: (320) 632-2981

Franciscan Sisters of Little Falls Employment Application

PLEASE READ CAREFULLY: As an Equal Opportunity Employer, we are committed to the policy that all persons have equal access to employment, programs and facilities without regard to race, color, religion, sex, national origin, age or disability. It is the applicant's responsibility to request any special arrangements needed to facilitate the application process.

(Please Print)

Date: _____

Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (including area code) where you can be contacted: _____

Business: (_____) _____ Home: (_____) _____

Job Desired: _____

Full-time Part-time Casual (PRN) Temporary Seasonal

Are you willing to work weekends? Yes No

Shift Preference: Day Night Evening Open

On what date can you be available to start work? ___ / ___ / ___

Have you ever worked here before? No Yes – *Where/When?* _____

Are you related, by blood, marriage or adoption, to any current employee at FSLF? No Yes – *Please name these relatives:*

EDUCATION:

If you attended school under another name, please state name:

High School	Name	Location	Courses of Study	Diploma/Degree
Business or Trade School	Name	Location	Courses of Study	Diploma/Degree
College or University	Name	Location	Courses of Study	Diploma/Degree
Other:	Name	Location	Courses of Study	Diploma/Degree

If licensed, registered, or certified, please provide the following information:

Your Number: _____ State: _____

Your Field: _____ Expiration Date: ____ / ____ / ____

Failure to provide accurate and complete information may result in any offer of employment from FSLF being withdrawn or the termination of your employment if the information is discovered to be inaccurate and/or incomplete after you have become an employee. Additional sheets for your complete employment history will be provided upon request. Do not omit *any* prior employment.

EMPLOYMENT:

From (Mo.) _____ (Yr.) _____ To (Mo.) _____ (Yr.) _____ Full-time Part-time

Employer: _____ Address: _____
Street City / State / Zip

Phone Number: _____ Job Title: _____

Specific Responsibilities: _____

Reason for Leaving: _____

Starting Salary: _____ Last Salary: _____ Supervisor: _____

If current employer, may we contact this employer? Yes No

From (Mo.) _____ (Yr.) _____ To (Mo.) _____ (Yr.) _____ Full-time Part-time
Employer: _____ Address: _____
Street City / State / Zip
Phone Number: _____ Job Title: _____
Specific Responsibilities: _____
Reason for Leaving: _____
Starting Salary: _____ Last Salary: _____ Supervisor: _____
If current employer, may we contact this employer? Yes No

From (Mo.) _____ (Yr.) _____ To (Mo.) _____ (Yr.) _____ Full-time Part-time
Employer: _____ Address: _____
Street City / State / Zip
Phone Number: _____ Job Title: _____
Specific Responsibilities: _____
Reason for Leaving: _____
Starting Salary: _____ Last Salary: _____ Supervisor: _____
If current employer, may we contact this employer? Yes No

From (Mo.) _____ (Yr.) _____ To (Mo.) _____ (Yr.) _____ Full-time Part-time
Employer: _____ Address: _____
Street City / State / Zip
Phone Number: _____ Job Title: _____
Specific Responsibilities: _____
Reason for Leaving: _____
Starting Salary: _____ Last Salary: _____ Supervisor: _____
If current employer, may we contact this employer? Yes No

JOB RELATED REFERENCES:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ CAREFULLY:

I certify that the information contained in this application is correct and I understand and agree that the falsification, misrepresentation or omissions of any information in this application are grounds for refusal to hire or if I have been hired, grounds for termination.

I understand that in processing my application with the Franciscan Sisters of Little Falls, an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; employment history, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application/resume, or during the interview process. I authorize investigation of all matters contained in this application.

I understand and agree that if, in the judgment of FSLF, the results of the investigation are not satisfactory, any offer of employment made by FSLF may be withdrawn or my employment with FSLF may be terminated. I authorize the references listed in this application/resume, including personal and employment references and all prior employers, to provide you with all information pertinent to this application. I release all parties from liability for any damages which may result from the release of any information as part of the employment verification process.

I understand that an offer of employment is contingent upon my passing a medical examination before starting work. The examination may include a demonstration of my ability to perform the essential functions of the job. If the examination discloses conditions that prevent me from safely and successfully performing the essential functions of the job, FSLF will attempt to make accommodations that will enable me to work. If no reasonable accommodations can be found, or if such accommodations impose undue hardship on FSLF, the offer of employment will be withdrawn.

I also understand that all job applicants who have received a conditional offer of employment with FSLF will be required to undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment. Applicants have the right to refuse to undergo drug testing. However, if an applicant chooses to not submit to a drug test, the conditional offer of employment with FSLF will be rescinded. An individual who has failed a pre-employment drug test may apply for employment with FSLF no sooner than six (6) months after receiving notice of his/her confirmed positive result.

I further acknowledge that I understand that FSLF has a policy of employment at will and if I am hired by FSLF my employment may be terminated either by myself or by FSLF at any time.

I understand that employment is contingent upon successful completing of a job-required licensure, certification, or registration exam, if applicable and not already completed.

Signature: _____ Date: ____ / ____ / ____