

Villa Sacred Heart | 1002 Railroad Street, Danville, PA 17821 | 570-275-3581 ${\it An \ Equal \ Opportunity \ Employer}$

EMPLOYMENT APPLICATION

Last Name:	First Name:	Middle Initial:			
Street Address:		City:			
Zip:State:_	Today's Date:				
Telephone:	Cell Phone:				
Position applying for:					
Job was posted for: Maria H	Hall, Inc. Sisters of Saints	Cyril & Methodius			
Availability: Shift Desired:					
☐ Full-Time	\square Days				
☐ Part-Time	☐ Evening	gs			
☐ Per Diem	\square Nights				
Have you been employed by us	previously? \square Yes \square No In	f yes, when?			
Have you ever been employed b	oy Maria Joseph Continuing Car	e Community?			
\square Yes \square No If yes, when an	nd at what building?				
Do you have any relatives empl-	oyed by the Sisters of Saints Cy	ril & Methodius or Maria Hall, Inc.?			
\square Yes \square No If yes, please	list their name(s)				
If hired, when can you begin? _					
How did you hear about the job	opportunity?				
High School Diploma: \square Yes	□ No or G.E.D: □ Yes □	No			
Professional Licenses and/or Certif	ficates: TYPE:	STATE ISSUED:			
	DATE:	NUMBER:			

		ATTENDED	OF STUDY	RECEIVED
HREE PROFESSI	IONAL REFERENCES (R	eferences will ne	ed to complete a form	prior to hiring)
NAME NAME	TITLE	PHONE	RELATIONSHIP	YEARS KNOWN
ORMER EMPLO	YMENT (List most recent e	emplover first.)		
NAME OF EM	MPLOYER, ADDRESS ELEPHONE	DATES EMPLOYED	JOB TITLE	REASON FOR LEAVING
& 1.	ELEPHONE	EMPLOYED		LEAVING
Duties:				
NAME OF EMPLOYER, ADDRESS		DATES	JOB TITLE	REASON FOR
& TELEPHONE		EMPLOYED	JOD IIILL	LEAVING
Duties:		<u> </u>		
W. 150 OF 11		D. A. Maria	TOD TIVE	DEL GOVEON
NAME OF EMPLOYER, ADDRESS & TELEPHONE		DATES EMPLOYED	JOB TITLE	REASON FOR LEAVING
Duties:				
NAME OF EMPLOYER, ADDRESS & TELEPHONE		DATES EMPLOYED	JOB TITLE	REASON FOR LEAVING

If you responded **No**, indicate which employer(s) and reason(s) you do not wish to have them contacted:

May we contact the professional references and employers listed above? \square **Yes**



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Please read carefully. Your signature indicates full acknowledgement.

The facts set forth above in my application for employment are true and complete. I have made no omissions or distortions of information on this application.

I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal and employment is at will, meaning that either the Sisters of Saints Cyril & Methodius/Maria Hall, Inc. or I, the employee, may terminate my employment with the Sisters of Saints Cyril & Methodius/Maria Hall, Inc. at any time for any reason. I also understand that employment in the position for which I have applied is contingent upon completion of acceptable background checks and pre-employment screenings.

I voluntarily and knowingly authorize any present or past employer or supervisor, college or university or other institution of learning, administrator, private business, military branch, personal reference, and/or other persons to give records or information they may have concerning my earnings history, character, and employment records or any other information requested to the Sisters of Saints Cyril & Methodius/Maria Hall, Inc. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A photo copy or faxed copy of this authorization shall be as valid as the original.

Applicant Signature	Date	
1 swear and arriver that air information provided is true and correct.		
I swear and affirm that all information provided is true and correct.		