

SHRINE OF OUR LADY OF GUADALUPE

APPLICATION FOR EMPLOYMENT

Personal I	Data
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Name:					
Last		First		МІ	
Have you been kno	own by another name	? <u>Y / N</u> I	f so, please pro	ovide:	
Phone: Home: ()	_/ Cell:()		/ E-mail:	
Address:					
Num	ber / Street	(City	State	Zip
Person to be notified case of accident/eme					
	rgency: Name		Address		Phone
Relation to em	ployee:				
-	vho are employees at				
Will you work:	Full Time	Part Tim	e		
	Days	Evening	S	Weekends	Holidays
Date available for v	vork:	Are you	less than 18 ye	ears of age? <u>Y / N</u>	
Were you previous	ly employed by us?	<u>Y / N</u> If so, p	osition title and	d dates:	
Are you legally elig	ible for employment	in the United S	States? <u>Y / N</u>	(Note: Proof of U.S. Citizenship or immig	ration status will be required if applicant is hired.)
How were you refe	rred to the Shrine? _				
Have you ever bee	n convicted of a felor	ny? lí	yes, please lis	51. (Note: Convictions will not necessaril	y disqualify the applicant from employment.)
		(please print)		

Employment History: Beginning with most recent employment, list all present and past employment and indicate if you were employed under a different name. Attach additional sheets of information, if necessary.

List Company name, address, phone number, and person to whom you reported.	From Mo. / Yr.	To Mo. / Yr.	List position title and type of work performed.	Starting Hourly Wage	Ending Hourly Wage	Reason for Leaving
List Company name, address, phone number, and person to whom you reported.	From Mo. / Yr.	To Mo. / Yr.	List position title and type of work performed.	Starting Hourly Wage	Ending Hourly Wage	Reason for Leaving
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List Company name, address, phone number, and person to whom you reported.	From Mo. / Yr.	To Mo. / Yr.	List position title and type of work performed.	Starting Hourly Wage	Ending Hourly Wage	Reason for Leaving
			-			

References: Please list the names of three (3) individuals whom you have known for at least a year and who have some knowledge of your skills, professional competency and/or job performance.

Name:	_ Relationship to you:	Telephone:
Name:	_ Relationship to you:	Telephone:
Name:	Relationship to you:	Telephone:

READ CAREFULLY: I understand that nothing contained in the application or the granting of an interview creates a contract between the Shrine of Our Lady of Guadalupe ("Shrine") and me for either employment or for the providing of any benefits. If I am employed by the Shrine, such employment is on an "at will" basis, which means with I or the Shrine can terminate the employment relationship at any time, with or without notice, and for any reason not prohibited by statute. If employed, I further agree to conform with all the rules and regulations of the Shrine as they may be created, amended, or abolished at the exclusive option of the Shrine.

The statements I have made in this application are correct to the best of my knowledge. I acknowledge that any misrepresentations or omissions of fact in this application may result in rejection of this application by the Shrine. I further understand that if I am employed, any false statements, material omissions or misrepresentations on this application may result in dismissal of my employment with the Shrine.

I hereby authorize the Shrine of Our Lady of Guadalupe to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment, which the Shrine may deem relevant to a decision as to whether to employ me. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by the Shrine to provide any relevant information concerning my current and/or previous employment and any other information relating to my suitability for employment. I release all persons, schools, or employers from any and all claims for providing such information.

I acknowledge that a part of the pre-employment process includes a controlled substance screen test upon receipt of a conditional offer of employment. I further

EDUCATION	Name of School	Course of Study	Circle Last Year Completed				Did you graduate?	
High School			1	2	3	4	Yes	No
College			1	2	3	4	Yes	No
Other			1	2	3	4	Yes	No
			1	2	3	4	Yes	No

acknowledge that a verified positive of such controlled substance test will result in a withdrawal of said conditional offer of employment by the Shrine.

Date _____

Signature of Applicant: ____

Return completed Application to:

Shrine of Our Lady of Guadalupe P.O. Box 1237 La Crosse, WI 54602-1237(608) 782-5440