

2230 Lake Michigan Dr. NW Grand Rapids, MI 49504 Phone: 616.453.6369 Fax: 616.453.0244

EMPLOYMENT APPLICATION

Please attach additional pages if more space is needed to provide all requested information.

Date of Appl Personal In						
Name:	Last	First		Middle		_
	or background records that you may have te the different name(s) used.	e under a different name?	Yes:		No:	
Phone Numbers:	() ()	Are you 18 years of age or older?	Yes:		No:	
E-mail addre	ss:					
Employment Eligibility:	If hired, can you provide proof of citize Some positions require the successful candidate A successful candidate may need to show a dri	to have a valid driver's license.	Yes:		No:	

Employment Interest

Position Applying For:		Referral Source:	
Location:			
Date Available:	Status Desired: Full- Temporary Time Part- Time	Desired period of work and/or hours/day:	Desired annual salary: \$

Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) which might interfere with your ability to work full-time, including overtime, in the position you are applying for?

Are you able to perform the essential functions of the position for which you	Yes: 🗖	No:
are applying with or without accommodation?	105.	NO.

Applicant Name:			
	Last	First	Middle

Why are you interested in employment with this organization?

Residential History

Present Address:

P.O. Box o	or Street	City	State	Zip Code

Previous Addresses: List states that you have lived in outside of Michigan, after the age of 18 years old

Background

Have you ever been convicted of a crime (other than minor traffic violations), or are you presently charged with a felony?	Yes:	No:
If yes, please describe (attach additional sheets if necessary.)		
<u>Please be advised</u> :		
A criminal background check will be conducted as part of the employment pr omission of past convictions or current charges will result in disqualification f		
may be considered justification for dismissal if discovered at a later date. Answ		
automatic bar to employment.		

United States Military Service

Branch of Service		Starting Rank	Separation Rank	
Year Entered	Year Discharged	Duties in Service		
Current Reserve/N	ational Guard Unit	Reserve/Guard Servio	ce Obligations	

Licenses/Certifications

Name	Expiration Date



 Last	First	Middle



Applicant Name:

11			
	Last	First	Middle
	1.431	1 1130	middle

Indicate Last Level Completed: Elementary Middle School Junior High High School Name of High School, Tech School, and College State Major Degree Additional education, vocation, professional, military or other educational/training background information you feel may be helpful to us in considering your application.	Education and Training			
School Junior High University School Name of High School, Tech School, and College State Major Degree Image: Image		Collago		raduata 🗖
Additional education, vocation, professional, military or other educational/training background information you feel				
	Name of High School, Tech School, and College	State	Major	Degree
		ackground in	formation	n you feel

Employment Record

Have you ever been employed by or contracted with Holy Spirit?		?	Yes:		No:	
If so, where?	When?	What position?	Supervisor's Name			
Have you ever applied to work	s for Holy Spirit?		Yes:		No:	
If so, where?	When?		What p	osition?		

Employers: List most recent employers first

Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
				Yes: 🗖 No: 🗖
Employer		Last Supervisor's Name		Reason for Leaving
City, State				Phone
Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
Start Date	End Date	Final Position Title	Final Salary	
Start Date Employer	End Date	Final Position Title Last Supervisor's Name	Final Salary	employer?



Last	First	Middle

Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
				Yes: 🔲 No: 🗖
Employer		Last Supervisor's Name		Reason for Leaving
City, State				Phone

References

List three persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.

Name/Title	E-Mail Address	Phone

Certification and Signature

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information will be considered as grounds for rejecting this application, discontinuing the hiring process, and/or dismissal.

I authorize verification of all information provided on this application and during employment interviews; and authorize the references and employers listed above to give Holy Spirit all pertinent information concerning my previous employment.

In being considered for employment, I give Holy Spirit the rights to investigate my background. I authorize and request all persons, companies and organizations (including credit bureaus, investigative agencies, schools, and law enforcement agencies) to furnish any information about me as requested by Holy Spirit. I release from any liability any person, employer, company or organization furnishing such information. I understand results of my background check may be used in determining an offer of employment and other employment decisions.

I understand that submitting this application for consideration does not in any way obligate Holy Spirit. I understand and agree that all employment with Holy Spirit is on an at-will basis, and may be terminated by Holy Spirit at any time for any cause or no cause. I understand and agree that no one at Holy Spirit has any authority to offer employment other than on an at-will basis.

I understand and agree that an offer of employment will not be final until I have received, read, agreed to, and signed the complete list of terms of employment.

Applicant's Signature

This application expires 90 days after submission.

Date

