



ST. VINCENT DE PAUL EMPLOYMENT APPLICATION

1529 Leo Frigo Way, Green Bay, Wisconsin 54302

Phone: (920) 435-4040 | Email: info@svdp.gb.org

Name: _____ Date: _____
First Middle Initial Last

Address: _____
Street City State Zip Code

Preferred Phone # 1: _____ Alternate Phone #2: _____

E-mail address: _____

If you are under 18 years of age, please state date of birth: _____

Position Desired: _____ Salary requirement? _____

Which type of employment are you seeking? Part time: _____ Full time: _____ Either: _____

If required for the position, do you have a valid driver's license? Yes: _____ No: _____

If yes, State of issuance, license #, and expiration date: _____

Have you ever been convicted or plead guilty or no contest to a misdemeanor or felony or other offense or civil

forfeiture? Yes: _____ No: _____ If yes, please explain: _____

(NOTE: A conviction is not an automatic bar to employment except as it may substantially relate to the job to which you are applying.)

Highest level of education completed: _____ Where: _____

Degrees: _____ Majors: _____

Are you currently attending school? Yes: _____ No: _____ Where: _____

REFERENCES: Give the names of 3 persons not related to you, whom you have known at least 3 years.

Name	E-mail address	Phone #
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#1 _____

#2 _____

#3 _____

EMPLOYMENT HISTORY

MOST RECENT EMPLOYER

Name of Company: _____
Address: _____ City: _____ State: _____
Supervisor's Name: _____ Phone #: _____
Employment Dates (month & year) From: _____ To: _____
Position Title: _____
Reason for leaving: _____

NEXT RECENT EMPLOYER

Name of Company: _____
Address: _____ City: _____ State: _____
Supervisor's Name: _____ Phone #: _____
Employment Dates (month & year) From: _____ To: _____
Position Title: _____
Reason for leaving: _____

NEXT RECENT EMPLOYER

Name of Company: _____
Address: _____ City: _____ State: _____
Supervisor's Name: _____ Phone #: _____
Employment Dates (month & year) From: _____ To: _____
Position Title: _____
Reason for leaving: _____

NEXT RECENT EMPLOYER

Name of Company: _____
Address: _____ City: _____ State: _____
Supervisor's Name: _____ Phone #: _____
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