



**Our Lady of Mercy
Country Home**

EMPLOYMENT APPLICATION

NAME (PLEASE PRINT) LAST	FIRST MIDDLE	SOCIAL SECURITY NUMBER X X X - X - (last five digits of your social security number)
ADDRESS	CITY STATE ZIP	If you are under 18, what is your date of birth?
TELEPHONE NUMBER ()	EMAIL ADDRESS	POSITION APPLYING FOR?

I AM APPLYING FOR: FULL TIME PART TIME TEMP/SEASONAL PRN							ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO	
I AM AVAILABLE AND INTERESTED TO WORK THE FOLLOWING DAYS/HOURS:								
MONDAY / HOURS	TUESDAY / HOURS	WEDNESDAY / HOURS	THURSDAY / HOURS	FRIDAY / HOURS	SATURDAY / HOURS	SUNDAY / HOURS		

EMPLOYMENT RECORD Please state your previous work history, beginning with your most recent experience. May we contact these employers? YES ____ NO ____								
COMPANY NAME - CURRENT/MOST RECENT			ADDRESS			PHONE		SUPERVISOR
FROM: TO:			LAST POSITION HELD:			REASON FOR LEAVING		
COMPANY NAME			ADDRESS			PHONE		SUPERVISOR
FROM: TO:			LAST POSITION HELD:			REASON FOR LEAVING		

COMPANY NAME	ADDRESS	PHONE	SUPERVISOR
FROM: TO:	LAST POSITION HELD:	REASON FOR LEAVING	

EDUCATIONAL BACKGROUND			
HIGH SCHOOL		ADDRESS	DID YOU GRADUATE? YES _____ NO _____
COLLEGE/TRADE SCHOOL 1. _____ 2. _____		CITY 1. _____ 2. _____	DID YOU GRADUATE? 1. YES _____ NO _____ 2. YES _____ NO _____
MILITARY SERVICE			
BRANCH:		DATES OF ACTIVE DUTY:	TRAINING RECEIVED:
HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY COMPANY? YES NO			
PLEASE LIST NAMES OF ALL RELATIVES THAT HAVE EVER BEEN EMPLOYED AT COMPANY:			

REFERENCES			
NAME	ADDRESS / PHONE NUMBER	KNOWN HOW LONG?	RELATIONSHIP

Our Lady of Mercy Country Home is committed to a drug free work environment

I hereby apply for employment with Our Lady of Mercy Country Home (OLOMCH). I agree to conform to the rules, expectations, and regulations of OLOMCH. *I understand that OLOMCH or I may terminate my employment at any time, with or without notice, for any reason.*

I hereby authorize OLOMCH to make inquiry of all persons, schools, companies, credit bureaus, consumer reporting agencies, and law enforcement agencies to supply all information concerning me and to furnish reports and documents to OLOMCH about me. I hereby release them and OLOMCH from all liability and responsibility by reason of their doing so.

OLOMCH is an Equal Opportunity Employer. Federal, state, and/or local law prohibits unlawful discrimination in employment practices because of race, color, religion, age, national origin, sexual orientation, veteran status, disability, genetic information, familial status, marital status, or gender identity. No question on the application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, sexual orientation, age, national origin, veteran status, or disability. **Note:** *Any false statements made in this application will be considered sufficient cause for dismissal upon discovery thereof.*

In compliance with the Immigration Reform and control Act of 1986, OLOMCH will hire only U.S. citizens and aliens lawfully authorized to work in the U.S. Prior to beginning employment, all new employees will be required to complete Form I-9 Employment Eligibility Verification by using E-Verify.

I hereby acknowledge that the information provided on this Employment Application is true and correct.

Applicant Signature: _____

Date: _____
