

# Society of St. Vincent de Paul



13 Vieux Carre Dr. P.O. Box 3310 East St. Louis, IL 62203  
 Phone: 618-875-3886 FAX: 618-398-9005

## Application for Employment

This form is for all others applying for positions within the parish, school, or agency including current employees or applicants seeking paid employment.

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Social Security No.</b>	<b>Date</b>
<b>Present Street Address</b>			<b>City</b>	<b>State</b>
			<b>Zip</b>	<b>Daytime Phone</b>
				<b>Evening Phone</b>
<b>Permanent Address (if different from present address)</b>			<b>Cell Phone No.</b>	
			<b>E-Mail Address</b>	
Have you ever been employed by the St. Vincent de Paul Society? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____			Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I am available  mornings,  afternoons,  evenings      Date available: \_\_\_\_\_

I am interested in employment opportunities:  Full-Time  Part-Time

I am a U. S. Citizen or an alien authorized to work in the U.S.  Yes  No

Position(s) of Interest: 1) \_\_\_\_\_, 2) \_\_\_\_\_, 3) \_\_\_\_\_

Pay expected: \_\_\_\_\_      Date available for work \_\_\_\_\_

Name and Location of School		# Of Years/Credit hrs. completed	Graduated	Minor/Major and Degree Received
High School			Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
College			Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
Postgraduate School			Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
Postgraduate School			Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other training				

The Society of St. Vincent de Paul complies with all laws concerning nondiscrimination in employment. We do not unlawfully discriminate on the basis of race, religion, color, sex, national origin, marital status, age, unfavorable discharge from military service, arrest record or mental or physical disability unrelated to ability to perform the duties of a position. It is our policy to offer reasonable accommodations for the special needs of otherwise qualified individuals. Acceptance of this form does not constitute a contract of employment nor is it a commitment to the applicant.

### EMPLOYMENT/VOLUNTEER ACTIVITIES –

Please list all present and former employment and volunteer activities beginning with your present or most recent position first. Use additional pages if needed. Include all other names worked under if different than the name you used on this application.

Company/Organization Name		Phone ( )
Address		Employed (Month & Year) From To
Title	Weekly Salary Starting Ending	Reason for leaving
Duties		
Company/Organization Name		Phone ( )
Address		Employed (Month & Year) From To
Title	Weekly Salary Starting Ending	Reason for leaving
Duties		
Company/Organization Name		Phone ( )
Address		Employed (Month & Year) From To
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Duties		

Company/Organization Name		Phone ( )
Address		Employed (Month & Year) From To
Title	Weekly Salary Starting Ending	Reason for leaving
Duties		

**REFERENCES :**

Name: \_\_\_\_\_ Phone No. ( ) - \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. ( ) - \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. ( ) - \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My knowledge of the following computer software rates as: 1= Advanced, 2= Average, 3= Beginner, 4= None

Microsoft Word     Excel     Access     Outlook     WordPerfect

Lotus 1-2-3     dBase Other(s) \_\_\_\_\_

# IMPORTANT

**PLEASE READ THE POLICY STATEMENT FOR THE SOCIETY OF ST. VINCENT DE PAUL. A COPY OF THIS POLICY STATEMENT SHOULD BE KEPT WITH YOUR PERSONAL RECORDS.**

You must complete questions I, II, III & IV *only if* the position(s) for which you are applying will involve substantial contact with children or other vulnerable individuals, i.e. elderly, mentally or emotionally disabled, etc.

I. Has a civil or a criminal complaint ever been filed against you that alleged *sexual misconduct or child abuse* by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)?  Yes  No

If yes, explain. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify by name and title the person(s) who investigated the complaint.

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II. Do you presently serve, or have you ever served, as an employee or volunteer for any organization, entity or group in which you had substantial contact with children or other vulnerable populations (e.g. elderly, mentally or emotionally disabled, etc.)?  Yes  No

If yes, please provide the name, address, and phone number of the organization, period of volunteer service, supervisor's name; and briefly describe your activities and/or duties.

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III. Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary action, for reasons relating to allegations of sexual misconduct or child abuse by you?  Yes  No

If yes, please explain. Please include in your explanation the date, nature, and place of the occurrence(s) or allegations(s) and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address and telephone number.

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IV. Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?  Yes  No

If yes, please explain. Please include in your explanation the date and place of any conviction, and the crime for which you were convicted.

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**IMPORTANT: THE FOLLOWING STATEMENT MUST BE READ AND SIGNED**

The information provided in this application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I grant permission to check my background and references and release the Society of St. Vincent de Paul from any and all resultant liability.

Further, I grant permission to the Society of St. Vincent de Paul to release this application and attendant documents to the appropriate search committees and prospective employers within the Society of St. Vincent de Paul. I understand my signature absolves and releases the Society of St. Vincent de Paul from any and all liability for any and all legal action involving relinquishment of the information to others.

If employed, I will abide by the policies and procedures of the Society of St. Vincent de Paul I also hereby acknowledge that I received, read, and understand the Society of St. Vincent de Paul Sexual Misconduct Policy and Code of Conduct. I agree to conduct myself in accordance with these policies. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Upon termination, I authorize the release of reference information by the employing schools.

I understand that if employed in a school I will have significant contact with children while performing my duties and am required to undergo criminal background checks before working with children.

I will be required to furnish proof of identity and eligibility to work in the U.S. once a conditional job offer has been made. I understand that, if hired, I will be subject to employment at-will.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***This section to be completed by The Society of St. Vincent de Paul***

The necessity of passing a background check for positions involving significant contact with children or other vulnerable persons while working or providing volunteer services has been explained to this applicant. Offers of employment or acceptance of volunteer services are contingent upon the applicant successfully completing the criminal background check. References may be checked before extending an offer of employment or accepting an applicant's volunteer service. Completed applications are to be received by the Office of the Society of St. Vincent de Paul

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_

\_\_\_\_\_



## **POLICY STATEMENT OF THE** **SOCIETY OF ST. VINCENT DE PAUL**

Employees and/or volunteers of The Society of St. Vincent de Paul shall not engage in sexual conduct that is unlawful or harmful and contrary to the moral instructions, doctrines and canon law of the Catholic Church. Such conduct is contrary to Christian principles and is outside the scope of the duties and/or employment of all personnel or volunteers of the Society of St. Vincent de Paul.

Employees and/or volunteers must comply with all relevant state and federal laws, including:

- the Illinois Abused and Neglected Child Reporting Act.
- the laws prohibiting sexual harassment in the work place. Sexual harassment includes but is not limited to slurs, jokes, sexual advances, requests for sexual favors and all verbal, graphic or physical conduct of a sexual nature.

Any employee or volunteer of the Society of St. Vincent de Paul who suspects an incident of any sexual misconduct by any employee and/or volunteer religious personnel, lay employee or volunteer must immediately report such incident to the President of the Society of St. Vincent de Paul. The matter will be investigated and where appropriate, disciplinary action will be taken.

Do not assume that the Society of St. Vincent de Paul is aware of any sexual misconduct. It is your responsibility to report incidents of which you know.



## **CODE OF CONDUCT POLICY**

As personnel, I certify and voluntarily agree to abide by the following **CODE OF CONDUCT**

- I will exhibit the highest Christian ethical standards and personal integrity.
- I will conduct myself in a manner that is consistent with the discipline and teachings of the Catholic Church.
- I will provide a professional work environment that is free from physical, psychological, written or verbal intimidation or harassment.
- I will avoid taking unfair advantage of the counseling relationship.
- I will not physically, sexually or emotionally abuse or neglect a child or adult.
- I will report any suspected abuse or neglect of a child to the Child Abuse Hotline 1-800-252-2873 and to the victim assistance coordinator.
- I will accept personal responsibility to protect children from all forms of abuse.