



**FORMER EMPLOYERS**

List below last three employers, starting with recent or current employer:

Name and address of employer \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_

Name of supervisor \_\_\_\_\_ May we contact supervisor? Yes No Phone No. \_\_\_\_\_

Description of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_

Name of supervisor \_\_\_\_\_ May we contact supervisor? Yes No Phone No. \_\_\_\_\_

Description of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_

Name of supervisor \_\_\_\_\_ May we contact supervisor? Yes No Phone No. \_\_\_\_\_

Description of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

I voluntarily consent to allow Dominican Sisters of Springfield, Illinois to conduct a check of my references. I further understand the purpose of this reference check is to provide information regarding my work experience, job titles, wage history, attendance or performance as a means of determining my suitability for the position I have applied for with Dominican Sisters of Springfield, Illinois. This consent also serves to authorize my current or previous employers to provide reference information about me to Dominican Sisters of Springfield, Illinois.

**REFERENCES –MINIMUM OF 2 INDIVIDUALS WHO HAVE OVERSEEN YOUR WORK (No relatives)**

Name	Address and Phone No.	Occupation	Years Known

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_