



APPLICATION FOR EMPLOYMENT

Position Applied For _____ Date _____

Name _____ Social Security No. _____
(Last, First & Middle)

Address _____
(Number, Street, City, State and Zip Code)

Home Phone No. _____ Alternate Phone No. _____

Email _____

Available To Work:

Full Time _____ Shift Work _____

Part Time _____ Relief Work _____

Date Available to Work _____

If employed and you are under age 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Referral Source:

Walk-in _____ Employment Agency _____ Craigslist _____ Referral _____

Other online service _____

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100 MASONIC AVENUE SAN FRANCISCO, CA 94118 T 415-567-8370 F 415-292-5531

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EDUCATION

	Name of School	City & State	Dates	Major	Degree
High School/GED					
College or University					
Awards, Honors, Special Achievements					
Military Service					

Please check if you have one of the following:

Registration AOD Counselor Certification AOD Counselor Child Dev. Teacher Permit

Professional License:

Type Number State Expiration Date

Do you have any other skills, training and/or education which you have not mentioned above and which you believe are relevant to the position you are seeking? If so, please give details below:

Indicate what foreign languages, if any, you speak, read, and/or write:

Speak Fluently _____ Good _____ Fair _____
 Read _____
 Write _____

References: Give name, address and telephone number of three professional references:

Name Address City, State & Zip Phone Number

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

Employer:	Dates Employed: From To
Address:	Job Title:
Phone Number:	Work Performed:
Supervisor:	
Reason for Leaving:	
Employer:	Dates Employed: From To
Address:	Job Title:
Phone Number:	Work Performed:
Supervisor:	
Reason for Leaving:	
Employer:	Dates Employed: From To
Address:	Job Title:
Phone Number:	Work Performed:
Supervisor:	
Reason for Leaving:	
Employer:	Dates Employed: From To
Address:	Job Title:
Phone Number:	Work Performed:
Supervisor:	
Reason for Leaving:	

If you need additional space, please continue on a separate sheet of paper.
 Provide a brief outline of other employment or periods of unemployment of more than one month's duration.

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.

If you have any questions regarding these statements, please ask for clarification before signing.

Epiphany Center is a ministry of The Daughters of Charity of St. Vincent de Paul and is a non-profit religious entity. As such, the Agency is not an “employer” for the purposes of provisions of the Civil Rights Act of 1964 (Title VII) with respect to the employment of an individual of a particular religion, or the application of the employer’s religious doctrines, tenets, or teachings, or with respect to employment of an individual of a particular religion in an executive or pastoral-care position. The Agency is also not an “employer” for the purposes of the California Fair Employment and Housing Act’s prohibitions against unlawful employment practices (Govt. Code 12929(d)). Epiphany Center expressly intends to preserve, and does not waive, its exemptions from these statutes.

Nevertheless, the Agency is an equal opportunity employer and the Agency’s hiring decisions are based upon the abilities and qualifications of applicants. The Agency’s hiring and employment practices affirm its commitment to equal opportunity employment and comply with the applicable provisions of the federal Civil Rights Act of 1964 and other applicable federal, state laws and/or local ordinances prohibiting discrimination on the basis of race, color, religious creed (except for ministerial positions or the application of the employer’s religious doctrines, tenets, or teachings), national origin, citizenship, marital status, sex, sexual orientation or expression, gender/gender identity, ancestry, citizenship status (except with respect to eligibility for employment as required by federal law), being over age forty, genetic information, medical condition or disability (including HIV/AIDS), military and protected veteran status; or any other consideration made unlawful by applicable federal, state, or local laws .

Epiphany Center, Mt. St. Joseph St. Elizabeth is an At-Will Employer. This means that regardless of any provision in this application or any other documentation, if an employment relationship is formed, either you or the Agency may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this employment application or in any document or statement, written or oral, shall limit the right to terminate.

1. I am aware that this application will only be kept on file for 24 months. Upon the expiration of 24 months, I know that I must reapply if I wish to continue being considered for employment.
2. I understand that the Agency has the right to contact State regulatory agencies regarding the status of any license(s) I possess, my competency and performance, and other information relevant thereto.
3. I understand that Epiphany Center’s administrative business is conducted between the hours of 8:30 a.m. to 5:00 p.m. Monday-Friday. Professional services are conducted at times to best serve residential and clients, which may not be during business hours. The Agency’s workweek begins at 12:01 a.m. Monday and ends at midnight on Sunday.

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4. After I am conditionally offered employment, I understand that I will be required to be fingerprinted prior to reporting for duty so that the Agency may receive a criminal record clearance from the California Department of Justice and/or Federal Bureau of Investigation. Pursuant to the San Francisco Fair Chance Ordinance, I understand that the Agency will consider for employment qualified applicants with arrest and conviction records. The Agency will not itself conduct, or obtain from a third party, the background check until after a conditional offer of employment has been made. Before the Agency takes adverse action, such as failing/refusing to hire based on a conviction history or unresolved arrest, the Agency will give you an opportunity to present evidence that the information is inaccurate, that you have been rehabilitated, or other mitigating factors.
5. If I am offered employment, I understand that the offer may be contingent upon taking and passing a physical examination relative to my ability to perform essential functions of my job as described on the job description, passed prior to reporting for duty.
6. The driving records of staff whose duties include transportation of residents shall be secured from the Department of Motor Vehicles (California Code, Title 22, Sec. 80315) and checked annually. All Agency employees who are required to drive must be insurable by the Agency's carrier. All Agency employees whose duties include transportation of residents will be subjected to random drug testing and post-accident drug and alcohol screening/testing where it is reasonable to suspect that the cause of the accident was due to intoxication.

ACKNOWLEDGEMENT OF RECEIPT AND AGREEMENT

1. I understand and agree to the statement printed above.
2. I understand that the Agency may investigate and independently verify all statements contained in this application for employment will be necessary in arriving at an employment decision.
3. I certify that answers give herein are true and complete to the best of my knowledge. 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 Agency.
4. In consideration of my employment, I agree to conform to the rules and regulations of Epiphany Center, Mount St. Joseph-St. Elizabeth.
5. I understand that no representative of Epiphany Center, Mount St. Joseph-St. Elizabeth, other than the Executive Director, has any authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

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