

Servants of the Holy Heart of Mary, SSCM Application for Director of Spiritual Ministry

The Servants of the Holy Heart of Mary guarantees equal employment opportunities in all its employment policies and practices. These policies and practices are administered without regard to race, color, national origin, age, gender, marital status, political affiliation, veteran status, genetic information, sexual orientation, mental or physical disabilities, or any other characteristic protected by law.

In addition, there are certain "ministerial" positions in the Servants of the Holy Heart of Mary and individuals filling those positions may need to strictly adhere to the foundational teachings of the Catholic faith. Those individuals may be selected according to certain criteria, such as being Catholic, male, unmarried, not part of a civil union, etc., and preference in hiring/retention shall be given to people who meet those criteria. Such preference is allowed under state and federal law and does not constitute illegal discrimination. Because of its mission to proclaim Christ's message through his church, the Servants of the Holy Heart of Mary may seek to employ and retain personnel who share this vision. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Sister Myra Lambert.

PERSONAL

PLEASE TYPE OR PRINT CLEARLY

POSITION APPLIED FOR:	DATE OF APPLICATION:	
<p>HOW DID YOU LEARN ABOUT THE DIRECTOR OF MINISTRY FOR SERVANTS OF THE HOLY HEART OF MARY, SSCM?</p> <p> <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Service <input type="checkbox"/> Inquiry <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other </p> <p>Please specify:</p> <hr/>		
PLEASE FILL IN THE FOLLOWING:		
LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS:	CITY:	STATE: ZIP:
TELEPHONE:	MOBILE PHONE:	
EMAIL :		

Are you legally eligible for employment in this country? Yes No

Have you ever applied with us before? Yes No

Have you ever worked with us before? Yes No

If Yes, give date: / / and position:

Do you have any friends or relatives that work with us? Yes No

If Yes, give name: relationship: and position:

Are you currently employed? Yes No

May we contact your employer?..... Yes No

Date available to begin work: / /

Are you able to meet the attendance requirements of position? Yes No

WORK EXPERIENCE

(START WITH YOUR PRESENT OR LAST EMPLOYER.)

#1: FROM (MM/YYYY) / TO (MM/YYYY) /	JOB TITLE:
EMPLOYER:	EMPLOYER TELEPHONE:
EMPLOYER ADDRESS:	
IMMEDIATE SUPERVISOR & TITLE:	
NATURE OF WORK PERFORMED & RESPONSIBILITIES:	
RATE / SALARY: START: \$ PER: FINAL: \$ PER:	
REASON FOR LEAVING:	
PLEASE INDICATE FULL OR PART TIME STATUS:	

#2: FROM (MM/YYYY) / TO (MM/YYYY) /	JOB TITLE:
EMPLOYER:	EMPLOYER TELEPHONE:
EMPLOYER ADDRESS:	
IMMEDIATE SUPERVISOR & TITLE:	
NATURE OF WORK PERFORMED & RESPONSIBILITIES:	
RATE / SALARY: START: \$ PER: FINAL: \$ PER:	
REASON FOR LEAVING:	
PLEASE INDICATE FULL OR PART TIME STATUS:	

#3: FROM (MM/YYYY):	TO (MM/YYYY):	JOB TITLE:
/	/	
EMPLOYER:	EMPLOYER TELEPHONE:	
EMPLOYER ADDRESS:		
IMMEDIATE SUPERVISOR & TITLE:		
NATURE OF WORK PERFORMED & RESPONSIBILITIES:		
RATE / SALARY:		
START: \$	PER:	FINAL: \$ PER:
REASON FOR LEAVING:		
PLEASE INDICATE FULL OR PART TIME STATUS:		

#4: FROM (MM/YYYY):	TO (MM/YYYY):	JOB TITLE:
/	/	
EMPLOYER:	EMPLOYER TELEPHONE:	
EMPLOYER ADDRESS:		
IMMEDIATE SUPERVISOR & TITLE:		
NATURE OF WORK PERFORMED & RESPONSIBILITIES:		
RATE / SALARY:		
START: \$	PER:	FINAL: \$ PER:
REASON FOR LEAVING:		
PLEASE INDICATE FULL OR PART TIME STATUS:		

ENTER EXPLANATION OF ANY GAPS IN EMPLOYMENT THAT DO NOT PERTAIN TO PREGNANCY, CHILD CARE OR DISABILITY:

LIST BY NUMBER AND EXPLAIN ANY EMPLOYERS YOU WISH NOT TO BE CONTACTED:

EDUCATION

SCHOOL TYPE	NAME AND ADDRESS	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DIPLOMA / DEGREE
HIGH SCHOOL				
UNDERGRADUATE				
GRADUATE/ PROFESSIONAL				
OTHER/SPECIFY				

REFERENCES

DO NOT INCLUDE FAMILY MEMBERS

NAME AND ADDRESS	OCCUPATION / YEARS KNOWN	TELEPHONE NUMBER(S)

ADDITIONAL INFORMATION

DESCRIBE ANY SPECIALIZED TRAINING OR CERTIFICATIONS:

SPECIALIZED SKILLS

PC Word Processing Spreadsheet

OTHER JOB RELATED COMPUTER PROGRAMS:

OTHER RELATED COMPUTER PROGRAMS OR WORK:

OTHER PERTINENT INFORMATION

LIST ANY OTHER INFORMATION NOT COVERED TO BE CONSIDERED IN HIRING DECISION:

PLEASE SEND THE APPLICATION BY **JUNE 15, 2019** to:

SISTER MYRA LAMBERT
717 N BATAVIA AVE.
BATAVIA, ILLINOIS 60510

APPLICANT'S STATEMENT

I certify that the 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.

This application shall be considered active for a period of time not to exceed ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 the 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 the Servants of the Holy Heart of Mary, SSCM.

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 Servants of the Holy Heart of Mary, SSCM.

SIGNATURE OF APPLICANT:

DATE:

(Applicant Signature)