

Applicant Information

Today's Date: _____

Name (Last, First, Middle): _____

Phone #: _____

Street Address: _____

Email: _____

City: _____ State: _____ Zip Code: _____

Have you ever worked or applied for a job with St. John's? Yes No

If so, please list dates: _____

If employed, can you submit verification of your legal right to work in the U.S.? Yes No

Do you have a valid driver's license?: Yes No State/License #: _____

Do you have any friends or relatives working for St. John's?: Yes No

If yes, state name and relationship: _____

How did you hear about us/this opening?: _____

Job and Availability

What job are you applying for?: _____ Full-time Part-time

If hired, when could you start?: _____

Please fill in the hours you ARE AVAILABLE to work each week:

	SUN	MON	TUES	WED	THURS	FRI	SAT
From:							
To:							

Are you presently employed? If yes, may we contact your present employer? Yes No

Education and Training

	Name and Location of School	Graduate?		Major	Diploma/Degree
		Yes	No		
High School					
College (Undergraduate)					
Graduate School					
Trade, Business School					
Other Training (explain)					

Employment History

Employer Name & Address _____ Job: _____

Start Date _____ End Date _____ Supervisor: _____

_____ to _____ Phone #: _____

May We Contact? Yes No

Reason for Leaving: _____



Employment Application

510 Lawrence Expressway
Sunnyvale, CA

(between 101 & central expressway)

(408) 735-8515

St. John's is an Equal Opportunity Employer.
Race, color, religion, age, sex, disability,
marital or veteran status, place of natural origin,
and other categories protected by law are not
factors in employment; promotion, compensation,
or working conditions.

(Employment History continued)

		Employer Name & Address	Job: _____
Start Date	End Date	_____	Supervisor: _____
_____ to _____		_____	Phone # _____
		_____	May We Contact? _____
		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving: _____			

		Employer Name & Address	Job: _____
Start Date	End Date	_____	Supervisor: _____
_____ to _____		_____	Phone # _____
		_____	May We Contact? _____
		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving: _____			

Please read and initial each paragraph below. If there is anything that you do not understand, please ask the manager about it before signing.

_____ I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

_____ I authorize investigation of all of my statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. In addition, I release St. John's from all liability for any damage that may result from utilization of such information.

_____ I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen.
_____ I understand that failure to pass the alcohol/drug screen will result in withdrawal of the employment offer.

_____ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and St. John's. In addition, I understand and agree that if I am employed, my employment relationship with St. John's is strictly voluntary and at our mutual will. If employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either St. John's or myself, and that no promises or representations contrary to the foregoing are binding on St. John's unless made in writing and signed jointly by the President and myself.

_____ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by St. John's auto insurance, if required for my position.

My signature below certifies that I have read and understand the above and agree to the terms and conditions outlined in this application.

Applicant's signature: _____

Date: _____