



St. Vincent de Paul Thrift Store

Diocesan Council of Columbus OH

5969 E. Main Street

Columbus, OH 43213

Phone: 614-377-1065

*We are an equal opportunity employer.

EMPLOYMENT APPLICATION

(Please Print - All Sections Must be Completed) Date of Application _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone () _____ Cell Phone () _____

E-mail _____

Have you ever used any other name in the past? () Yes () No

If yes, please list all other names that you have used and the dates during which you used these names.

Name Date

Position(s) Applying For: _____

Please provide your driver's license number **if driving is required** for this job _____ State _____

Are you available to work () Full Time () Part Time

Please check the days and list the hours you are available to work:

☐ Monday _____ ☐ Tuesday _____

☐ Wednesday _____ ☐ Thursday _____

☐ Friday _____ ☐ Saturday _____

☐ Sunday _____

On what date are you available to begin work? _____

Have you ever been employed here before? () Yes () No If yes, give date _____

If you have lifting restrictions, what is the maximum amount of pounds that you can lift? _____

Are you legally eligible for employment in the United States? (If yes, proof is required if hired) () Yes () No

*Answering "yes" to the following question(s) does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Job Description Requirements

Can you perform the essential job functions of the position for which you are applying either with or without reasonable accommodations?

NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the job's essential functions to respond

Education

High School (name and location)		Did you graduate? Y/N	
Vocational Training/Other	Did you graduate? Y/N	Course of Study:	
College (name and location)			
Years Completed	1	2	3 4
Diploma/Degree and Course of Study			

Employment Experience

List your most recent employer first. Please indicate if we may contact that employer.

1. Employer	Phone/Cell/E-mail
Address	
Job Title	Hourly Wage/Salary
Work Performed	
Supervisor	
Reason for Leaving	May we contact? ()Yes ()No
Employed from	to

2. Employer	Phone/Cell/E-mail
Address	
Job Title	Hourly Wage/Salary
Work Performed	
Supervisor	
Reason for Leaving	May we contact? ()Yes ()No
Employed from	to

3. Employer	Phone/Cell/E-mail
Address	
Job Title	Hourly Wage/Salary
Work Performed	
Supervisor	
Reason for Leaving	May we contact? ()Yes ()No
Employed from	to

Applicant Statement

If hired, I agree to conform to the Organization's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Organization's option. _____initial

I understand that If I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws. _____initial

I agree if I receive an offer of employment, I will be required to undergo drug testing for commonly-abused controlled substances. This testing will be conducted by a licensed independent medical laboratory at the employer's cost. Candidates who refuse to submit to a drug test or who fail to show up for a drug test will no longer be considered for employment. _____initial

In addition, I understand and agree that this application will be considered valid for a period of thirty (30) days. I recognize that if I wish to be considered after thirty (30) days, I must complete a new application for employment. I understand and agree that if I am offered employment by the Employer, my employment will be based upon mutual agreement and that either I or the Employer may terminate the employment relationship at any time for any reason. I further understand that no supervisor, agent or representative of the Employer has any authority to enter into any oral employment agreement with me for any period of time or to make any oral agreement contrary to the foregoing. _____initial

Finally, I certify that I have given true and accurate information and that I have read and agree to the conditions of employment stated in this application and authorize the release as set forth above. If any information contained in this application is found, in the opinion of the Employer, to be false in any respect, my application for employment may be rejected. Similarly, if I am already employed, I will be subject to discharge without notice at any time. _____initial

Date

APPLICANT'S SIGNATURE (**Application not valid unless signed**)