

# St. Anselm's Cross-Cultural Community Center

11277 Garden Grove Blvd., 2<sup>nd</sup> Floor, Garden Grove, CA 92843

Tel: (714) 537-0608 Fax: (714) 537-5505 [www.anselmcenter.org](http://www.anselmcenter.org)

"Thousands of lives transformed"

Employment application for the  position

## Employee Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ (home, cell, etc) Email \_\_\_\_\_

### In case of an accident or emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Immigration Status      US Citizen      Permanent Resident      Refugee/ Asylee/ Parole  
Working Visa      Others

Languages Spoken \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor?      Yes      No

If yes, please explain \_\_\_\_\_

How did you hear about St. Anselm's Center? \_\_\_\_\_

Name all relatives or friends employed at St. Anselm's Center

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Education Information

Education	School Name	Location	Course of Study	Degree Attained
High School				
College				
University				

Do you plan to continue your education?      Yes      No      What field? \_\_\_\_\_

### Employment Information

Company	Supervisor/ Manager	Field of Work	Employment Duration	Reason for Leaving

Do you plan to hold another job while employed at St. Anselm's Center? Yes      No

If yes, what kind of work/ job? \_\_\_\_\_

Please list any skills that might be helpful for the position you are applying for \_\_\_\_\_

\_\_\_\_\_

### Business References

Company	Supervisor/ Manager	Length of Acquaintance	Telephone

### Acknowledgements

BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED ARE TRUE AND THAT FALSIFYING THIS APPLCIATION MAYBE USED AGAINST ME FOR ANY CHARGES PERTAINING TO THIS APPLICATION.

SECOND, I HEREBY AUTHORIZE THE REFERENCES I HAVE LISTED ABOVE TO RELEASE INFORMATION THAT MIGHT HELP ST. ANSELM'S CROSS-CULTURAL COMMUNITY CENTER TO CONSIDER ME FOR THE POSITION I AM APPLYING FOR.

ST. ANSELM'S CROSS-CULTURAL COMMUNITY CENTER WILL CONDUCT THE FOLLOWING AS A PREREQUISITE TO EMPLOYMENT (a) DRUG-TEST, (b) BACKGROUND (FINGERPRINT), AND (c) DEPARTMENT OF MOTOR VEHICLE RECORD.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Release of Information

I hereby authorize St. Anselm’s Cross-Cultural Community Center and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to, the following areas:

*Verification of employment history including all personnel files; education including transcript; character references; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; motor vehicle records to include traffic citations and registration; and any other public records and/or information in the public domain or to conduct interviews with third parties relative to my character, or general reputation.*

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me to St. Anselm’s Cross-Cultural Community Center, or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release St. Anselm’s Cross-Cultural Community Center, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

<b>For Office Use Only</b>	<b>Comments</b>
<i>Application Received:</i>	<i>Recommended Start Date:</i>
<i>Application Accepted:</i>	<i>Suggested Pay Rate:</i>