



Society of St Vincent de Paul South Pinellas, Inc.

DISTRICT OFFICE:
384 15th Street N
St. Petersburg, FL 33705
(727) 823-2516

THRIFT STORE:
180 34th Street North
St. Petersburg, FL 33713
(727) 328-2730

Employment Application

Applicant Information			
Full Name:	Last	First	M.I. Date:
Address:	Apartment/Unit #		
City	State	Zip Code	
Phone:	()	E-mail Address:	
Date Available:	Desired Salary: \$		
Position Applied for:			
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain: (conviction will not automatically prevent you from being offered a job)
Education			
High School:	Address:		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College:	Address:		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:	Address:		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
References			
<u>Please list three professional references.</u>			
Full Name:	Relationship:		
Company:	Phone:		()
Address:			
Full Name:	Relationship:		
Company:	Phone:		()
Address:			
Full Name:	Relationship:		
Company:	Phone:		()
Address:			

Name: Last	First	MI	Date:
Previous Employment			
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Military Service			
Branch:			
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			
Disclaimer and Signature			
<p><i>I certify that my answers are true and complete to the best of my knowledge.</i></p> <p><i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i></p>			
Signature:			Date:



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OFFICE USE: Applicant at: Administrative Offices CARE Center Center of Hope Food Center Thrift Store
 Clearwater Office Hillsborough Office Pasco Office

EMPLOYEES INITIALS: _____ Position For Which You Are Applying: _____

AUTHORIZATION TO OBTAIN RECORDS & OTHER INFORMATION WAIVER

In connection with background checks, I hereby authorize the Society of St. Vincent de Paul South Pinellas, Inc. to obtain Credit Reports, Criminal Records that include Felony and Misdemeanors, Education Verifications, Driver's License Records and any and all background information allowed under law.

I release such persons, businesses, corporations, institutions, medical establishments, local, state, and federal law enforcement agencies from any liability of any type as a result of provide the above-mentioned information to the Society of St. Vincent de Paul South Pinellas, Inc.

I hereby release and discharge the Society of St. Vincent de Paul South Pinellas, Inc., its employees, agents, successors and assigns, from any and all liability that may arise out of the investigation of my background set forth herein.

**Please make sure all information is complete and legible.
Please print.**

Full Name:	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Maiden Name:		Aliases:	
Current Address:			
	<i>City/State</i>	<i>Zip Code</i>	<i>Telephone #</i>
Date of Birth:		Birthplace:	<i>City State County</i>
Race:		Gender: <i>Male Female</i>	Social Security # - -
In what cities/states (including counties) have you lived in the past ten years?			

Applicant's Signature _____

Date _____

OFFICE USE: Applicant: Accepted Denied EMPLOYEES INITIALS: _____
Placement: Administrative Offices CARE Center Center of Hope Food Center Thrift Store
 Clearwater Office Hillsborough Office Pasco Office

Applicant Disclosure and Authorization Statement

In connection with your employment or application for employment and any future employment with the Society of St. Vincent de Paul South Pinellas, Inc. and any subsidiary, you may have information requested about you from a consumer reporting agency in connection with your application for employment purposes. This information may be obtained in the form of background reports and/or investigative reports. These reports may be obtained at any time after receipt of your signed authorization and, if hired by the Society of St. Vincent de Paul South Pinellas, Inc. throughout your employment if permissible under applicable company policy and/or state law.

These reports may contain information about your character, general reputation and/or mode of living. **The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records checks; public court records checks; driving records checks; employment history verifications, and professional licensing/certification checks.** This information may be obtained from private and/or public records sources including, as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources.

If adverse action is taken resulting from information obtained, in whole or in part, from consumer reports and/or investigative reports, you will have the option to receive a copy of the report from S2Verify, LLC. S2Verify, LLC can be contacted at P.O. Box 2597, Roswell, GA 30077 or by phone at (877) 671-1933 or by email at customerservice@s2verify.com.

A summary of your rights under the Fair Credit Reporting Act and other applicable state laws can be found at: <http://www.S2Verify.com/Resources.html> or at the hiring site.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the summary of rights under the Fair Credit Reporting Act and the applicable state laws at <http://www.S2Verify.com/Resources.html> or the office copy provided at the hiring site. By my signature below, I consent to the release or background reports and/or investigative background reports prepared by a background reporting agency, such as S2Verify, Inc. to the Society of St. Vincent de Paul South Pinellas, Inc. and its designated representatives and agents for the purposes of determining my eligibility for employment, retention or other lawful employment purposes. I understand that if the Society of St. Vincent de Paul South Pinellas, Inc. hires me, my consent will apply, and the Society of St. Vincent de Paul South Pinellas, Inc. may obtain background reports throughout my employment if permissible under applicable company policy.

I understand that information contained in my employment application, or otherwise disclosed by me before, or during my employment, if any, may be used for the purpose of obtaining background reports and/or investigative background reports. I also understand that nothing herein shall be construed as an offer employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information

By my signing below, I certify the information provided on, and in conjunction with, this form is true, accurate, and complete. I agree that this Disclosure and Authorization form in original, facsimile, photocopy or electronic (including electronically signed) formats will be valid for any reports that may be required by, or on behalf of, the Society of St. Vincent de Paul South Pinellas, Inc.

First Name: _____	Middle Initial: _____	Last Name: _____
Address: _____		
City: _____	State: _____	Zip: _____
Social Security Number: _____	Date of birth: _____	
Driver's License Number: _____	State of Issue: _____	
Email Address: _____		
Signature: _____	Date: _____	