

Mission Statement

The College of St. Catherine educates women to lead and influence. Founded by the Sisters of St. Joseph of Carondelet in 1905, the College integrates liberal arts and professional education within the Catholic traditions of intellectual inquiry and social teaching. Committed to excellence and opportunity, the College engages students from diverse backgrounds in a learning environment uniquely suited to women. Education at the College of St. Catherine prepares graduates to demonstrate ethical leadership grounded in social responsibility.

Human Resources Department
Campus Box F-17
2004 Randolph Avenue
St. Paul, MN 55105

It is the policy of The College of St. Catherine to provide equal employment opportunity to all employees and applicants for employment without regard to public assistance, disability, sexual orientation, or age, except where such status is a bona fide occupational qualification.

Please complete the entire application even if a resume has been submitted.

PERSONAL INFORMATION

NAME (Last)	(First)	(Middle)
ADDRESS (Street)	(Apt #)	(City)
		(State)
		(Zip)
EVENING PHONE	DAY PHONE	E-MAIL ADDRESS
HAVE YOU ATTENDED SCHOOL OR BEEN EMPLOYED UNDER A DIFFERENT NAME? IF SO, PLEASE STATE NAME(S) USED:		
ARE YOU ABLE TO PROVIDE PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:		
The COLLEGE OF ST. CATHERINE DOES NOT AUTOMATICALLY REJECT APPLICANTS WHO HAVE CONVICTION RECORDS		

WORK DESIRED

POSITION DESIRED	DATE AVAILABLE
HOURS DESIRED- CHECK ALL THAT APPLY	
<input type="checkbox"/> PART-TIME- # OF HOURS PER WEEK: _____ <input type="checkbox"/> FULL TIME <input type="checkbox"/> DAY SHIFT <input type="checkbox"/> NIGHT SHIFT <input type="checkbox"/> WEEKEND HOURS <input type="checkbox"/> ON-CALL <input type="checkbox"/> TEMPORARY	REFERRED BY: <input type="checkbox"/> AGENCY <input type="checkbox"/> SCHOOL <input type="checkbox"/> ST. CATHERINE EMPLOYEE <input type="checkbox"/> AD (PUBLICATION: _____) <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> BULLETIN BOARD <input type="checkbox"/> WEB <input type="checkbox"/> OTHER
Have you ever been employed at The College of St. Catherine <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, position and department: _____	

EDUCATION

SCHOOL	NAME & LOCATION	DEGREE/DIPLOMA	MAJOR/MINOR	GPA
HIGH SCHOOL				
JR. COLLEGE/ VOCATIONAL				
COLLEGE				
GRADUATE				
OTHER				

EMPLOYMENT HISTORY

Please list information on your last three jobs or the last five years, whichever covers the longer time. If you need additional space, you may request additional Employment History Sheets.

COMPANY	PHONE		
ADDRESS (Street)	(City)	(State)	(Zip)
SUPERVISOR	MAY WE CALL FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY NOT?		
MAJOR RESPONSIBILITIES	Dates Employed: From: To:		
REASON FOR LEAVING			

COMPANY	PHONE		
ADDRESS (Street)	(City)	(State)	(Zip)
SUPERVISOR	MAY WE CALL FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY NOT?		
MAJOR RESPONSIBILITIES	Dates Employed: From: To:		
REASON FOR LEAVING			

COMPANY	PHONE		
ADDRESS (Street)	(City)	(State)	(Zip)
SUPERVISOR	MAY WE CALL FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY NOT?		
MAJOR RESPONSIBILITIES	Dates Employed: From: To:		
REASON FOR LEAVING			

Have you ever been involuntarily discharged or asked to resign? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:

BUSINESS/PROFESSIONAL REFERENCES

NAME	TITLE/COMPANY	PHONE/E-MAIL	RELATIONSHIP

ADDITIONAL INFORMATION

Please use this space to include any additional information relevant to this position that would help us in evaluating your application.

Please read and sign at the bottom:

I authorize and request that my current and all former employers and those people I have listed as references furnish The College of St. Catherine with information about my employment record, including a statement of the reason for the termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment; hereby releasing them and The College of St. Catherine from all liability and responsibility arising from any information provided.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of The College of St. Catherine. I understand that in the absence of a written contract to the contrary, all positions at The College of St. Catherine other than tenure faculty will be at will and are not for a definite duration; and that my employment can be terminated with or without cause or notice, at any time, at the option of either The College of St. Catherine or myself.

I understand that where required for the position I agree to submit to examination(s) by medical professionals of The College of St. Catherine's selection and understand that if I fail to pass such examination(s), I may not be employed in the absence of any reasonable accommodation that will enable me to perform the essential functions of the position for which I have applied. By a separate communication I will advise The College of St. Catherine and/or its examiners/physicians of any reasonable accommodations which I will need to take such position. I hereby authorize The College of St. Catherine's medical examiners to disclose to The College of St. Catherine any and all findings and conclusions arrived at during any such examination(s).

I understand that any faculty, staff, or student user of The College of St. Catherine facilities or services is required to comply with the Campus Security Act and Sex Crimes Act of 2000, including registration with appropriate State agencies.

I understand that employment is contingent upon the satisfactory outcome of a background check, if the position for which I am applying requires one.

I certify that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of fact in this application will result in refusal of employment, or if employed, termination from The College of St. Catherine.

SIGNATURE: _____ **DATE:** _____

Human Resources Offices Use Only

Registered Sex Offender- Check Results ___Listed ___Not Listed

Websites checked: <http://info.doc.state.mn.us/publicviewer/main.asp>
<http://www.doc.state.mn.us/level3/Search.asp>
<http://www.stpaul.gov/depts/police/sexoff.html>

Information verified by: _____ Date: _____

Comments: _____