

**Exhibit B: Saint Vincent De Paul Employment Application**

Please complete all sections of the application. The information you provide will be used and verified during the background check which is required for all employees and those that visit client or donor homes.

1. *PERSONAL INFORMATION*

Applicant's Full Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Residence address: \_\_\_\_\_

Personal phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Which is the best way of reaching you Mon-Fri, 9am and 4pm? \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship of emergency contact: \_\_\_\_\_

2. *EMPLOYMENT INTEREST*

What position are you applying for? \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

3. *EDUCATION, SKILLS, TRAINING, AND OTHER INFORMATION*

High School: \_\_\_\_\_ Years completed: \_\_\_\_\_

College: \_\_\_\_\_ Years completed: \_\_\_\_\_

College degree(s): \_\_\_\_\_

Training courses completed: \_\_\_\_\_

Other professional credentials, licenses, etc.:  
\_\_\_\_\_  
\_\_\_\_\_

Other relevant skills e.g. languages spoken: \_\_\_\_\_

Physical Limitations and/or Disabilities \_\_\_\_\_

4. *EMPLOYMENT HISTORY*

Please list your work history, starting with your current or most recent position held:

<b>Employer Name</b>	<b>Employer address</b>	<b>Position held</b>	<b>From/To Dates</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List Any Relevant Retail work:**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. *MILITARY SERVICE*

<b>Branch/Rank</b>	<b>Start Date</b>	<b>Discharged?</b>
_____	_____	_____
_____	_____	_____

6. *DRIVING QUALIFICATIONS*

If you are applying for a position that requires the ability to legally operate a motor vehicle, answer the following:

Do you have a currently valid driver's license? \_\_\_\_\_

If yes, provide details of your driver's license:

State: \_\_\_\_\_ License# \_\_\_\_\_

7. *REFERENCES*

Please provide at least three references, such as prior supervisors, who have first-hand knowledge of your skills and competence. References from relatives are not acceptable.

<b>Name</b>	<b>Position</b>	<b>Mailing address</b>	<b>Phone Number</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Thank you for your interest in the Mission of the Society of Saint Vincent De Paul. Please use the space below to describe any other information that you feel needs to be considered in our review of your qualifications and experience:

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Society of Saint Vincent de Paul St. Augustine Conference  
282 San Marco Ave., St Augustine, FL 32084

Client Services  
904-217-8097  
[cs@svdpsafl.org](mailto:cs@svdpsafl.org)

Thrift Store  
904-824-3333

## MOTOR VEHICLE REPORT/DRIVING RECORD CHECK

A Motor Vehicle Report (MVR) and/or Florida Driving Record Check is required for all employees or volunteers that drive Saint Vincent de Paul (SVDP) vehicles. SVDP will annually verify the validity of the driver's licenses of all volunteers or employees that drive SVDP vehicles in the conduct of SVDP duties.

**This background check is at no cost to you. To process your background check we will need you to complete this form. Please complete all information. Type or print clearly in black or blue ink. Sign at bottom of page.**

This information is being submitted in connection with my employment  Volunteer Service

Job Title or Function: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden/Other)

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State issued by: \_\_\_\_\_

Have you ever been convicted of a motor vehicle related felony, entered a plea of "no contest", had a prosecution deferred or adjudication withheld for any crime, except a parking violation? Yes  No

If yes, please give dates and a full description: \_\_\_\_\_  
\_\_\_\_\_

I hereby state that all of the information on this form is true and complete. I understand that this request will be used to conduct a MVR or Department of Highway Safety and Motor Vehicles Driver Record Check, to determine my suitability for service with The Society of Saint Vincent de Paul, St. Augustine Conference (SVDP). I understand that my service with SVDP may be terminated if any such information is later found to be false or incomplete.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN ORIGINAL COMPLETED FORM TO SVDP CLIENT SERVICES OR THRIFT SHOP AT ADDRESS LISTED ABOVE**

### **FOR SVDP USE ONLY**

Date Processed: \_\_\_\_\_ Comments: \_\_\_\_\_

Cleared  Denied Authorized Signature: \_\_\_\_\_

**Exhibit C: Background Check Consent Form**

TO ALL PROSPECTIVE EMPLOYEES

Prior to becoming an employee of The Society of Saint Vincent De Paul, St. Augustine Conference (the Conference) all employees, and those that will be involved in client home visitations, or collection of donated items from donors' homes, or delivery of requested items to client's home, will undergo a background check, which includes fingerprinting. Information provided to the Conference by the company that completes the background check will not be provided to any parties except those involved in the hiring/volunteer approval process.

Any information provided to the Conference by the company that completes the background check will be used solely for the purpose of determining whether an individual is qualified to hold the employment position for which he/she applied. Safe environment policies that determine qualifications for employment or volunteer positions are established in order to protect our clients and donors, as well as the property and reputation of the Conference.

APPLICANT ACKNOWLEDGEMENT

I understand that in order to protect the clients and donors, as well as the property and reputation of the Conference, I will be asked to undergo a background check, which includes fingerprinting. My signature below indicates my willingness to participate in this process.

Printed Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_