

St. Mary's Home for Disabled Children (A tobacco-free campus)

6171 Kempsville Circle • Norfolk, VA 23502 • 757-622-2208 • Fax: 757-640-0172

Application for Employment (Revised: DEC 2010)

PERSONAL INFORMATION

Name: _____ Phone: _____
Address: _____ Social Security #: _____

(Social Security Optional)
E-mail: _____
City State Zip
Emergency Contact Name: _____ Emergency Contact Phone: _____

Can you produce documented proof of your identity and eligibility for employment in the United States? Yes No
(Examples: driver's license, Social Security card, birth certificate, and/or Immigration and Naturalization Service Documents)

Have you worked for us before? Yes No If yes, what position: _____

Position(s) you are seeking: _____ If hired, when can you start? _____

Employment desired: Full time Part-time Temporary Shift desired: _____

Amount of hourly pay desired: \$ _____ (Salary history required on second page.)

Do you have a driver's license, military ID card or other photo ID card? Yes No Required for LOBBYGUARD Screen

EDUCATION

Level	Name/ City, State	Highest Grade Completed	Year Graduated
High School			
College			
Graduate School			

LICENSURE/SKILLS/EXPERIENCE

<input type="checkbox"/> MS Word	Current Licensure (Bring a copy of your license if you are called for an interview.)	# Years Experience	Where did you go to school for this license?
<input type="checkbox"/> Excel	<input type="checkbox"/> CNA LIC #		
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> LPN LIC #		
<input type="checkbox"/> Outlook	<input type="checkbox"/> RN LIC #		

Please provide any additional information you feel will be helpful to St. Mary's in considering your application. _____

Are you related to anyone working at St. Mary's? Yes No Who? _____

Have you ever been discharged or requested to resign from a position? Yes No If yes, please explain: _____

Have you ever held a position of trust (Example: handling money or confidential material)? Yes No

If yes, please describe _____

How did you hear about this position? _____

Are you employed now? Yes No If yes, where? _____ Position? _____

Why are you looking for a new/additional position? _____

Have you ever been convicted of a violation of the law, except a minor traffic violation? Yes No If yes, describe violation, date, & place of offense: _____

Have you ever been fingerprinted? Yes No When, why? _____

St. Mary's Home for Disabled Children offers equal opportunities to all persons without discriminating on the basis of race, color, religion, age, gender, national origin, citizenship status, or disability (as defined by law). St. Mary's complies with all equal opportunity laws and regulations.

WORK HISTORY: Start with your current or most recent employer. You must complete ALL information requested.

Employer			Hire Date:	Starting Wage:
Address			Term Date:	Final Wage:
Supervisor	Name: Title:	Did you have any disciplinary problems with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Phone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Your job Title				
Describe your work			Reason for leaving?	

Employer			Hire Date:	Starting Wage:
Address			Term Date:	Final Wage:
Supervisor	Name: Title:	Did you have any disciplinary problems with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Phone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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Employer			Hire Date:	Starting Wage:
Address			Term Date:	Final Wage:
Supervisor	Name: Title:	Did you have any disciplinary problems with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Phone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Your job Title				
Describe your work			Reason for leaving?	

Personal/Professional REFERENCES

Name:	Address	Phone#	Personal	Professional
1.				
2.				
3.				

BY SIGNING BELOW, I CERTIFY, AGREE TO, AND UNDERSTAND THE FOLLOWING:

- All information in this application is true and accurate. St. Mary's may investigate the accuracy of this information. If any information is found to be false or inaccurate, it shall be grounds to deny me employment or, if I am employed by St. Mary's, to terminate my employment. St. Mary's may use any of the information I provided on this application to verify my statement made on this application. Unless specifically indicated otherwise, past employers and references may be contacted by St. Mary's to discuss potential employment with St. Mary's.
- I am applying for a position of trust that involves the care of children. St. Mary's will conduct a background check to determine my criminal history, if any. My fingerprints will be sent to the Federal Bureau of Investigation (FBI) as part of St. Mary's background check.
- The acceptance by St. Mary's of my application does not in any way indicate that St. Mary's has positions open or that one will be offered to me. Neither this employment application, an interview, nor any other document, discussion, or activity related to my application for employment is intended to create an employment contract.
- If I am offered employment with St. Mary's, I understand that I am employed at the will of the Home and my employment is subject to termination at any time for any reason, with or without cause, and with or without notice.
- If I am offered employment, St. Mary's will require me to undergo a chest x-ray or T.B. tine test. Depending on result, I may need additional medical care. I am also required to take and pass a post-offer, pre-employment drug screen. St. Mary's pays for both of these screens.
- If I am employed by St. Mary's, I must abide by all of St. Mary's policies, rules, and procedures, and I understand that these policies, rules or procedures may be revised in whole or in part at any time by St. Mary's.
- I affirm that I currently have no pending criminal charges against me, either within or without the State of Virginia.

(SIGNATURE OF APPLICANT)

(DATE)

(PLEASE PRINT NAME)

Request for Employment Verification -St. Mary's Home for Disabled Children
6171 Kempsville Circle • Norfolk, VA 23502 • 757-622-2208 • Fax: 757-627-5314

Date: _____

To: HR Department

Subject: Employment Reference Check

I, _____ give St. Mary's Home for Disabled Children permission to contact past employers for job performance reference.

Signature

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