



# APPLICATION FOR EMPLOYMENT

420 Fruit Hill Avenue, North Providence, Rhode Island 02911-2647 Phone: 401.353.3900 Web: www.smhfc.org

**PLEASE READ CAREFULLY: PRINT CLEARLY, ANSWER ALL QUESTIONS**

The questions on this form are asked to properly evaluate your ability and chance for success in the position for which you are applying. Every effort has been made to comply with applicable federal laws and the laws of our state. It is not our intent to discriminate in employment. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status (current military obligations are observed), sexual orientation, HIV status, pregnancy, or physical or mental condition(s) that does not affect the ability to perform the essential functions of the job.

**ALL OFFERS OF EMPLOYMENT ARE CONTINGENT ON THE PRODUCTION OF THE PROPER REQUIRED DOCUMENTS.  
(PLEASE PRINT)**

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_ Experience ( ) No ( ) Yes

Referral Source: ( ) Advertisement \_\_\_\_\_ Publication \_\_\_\_\_  
 ( ) Employee Referral \_\_\_\_\_ Name \_\_\_\_\_  
 ( ) Agency \_\_\_\_\_ Name \_\_\_\_\_  
 ( ) Other \_\_\_\_\_ Specify \_\_\_\_\_  
 ( ) Walk In \_\_\_\_\_

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

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Area Code Number Area Code Number

Address (Please Specify five (5) years of residency)

Number Street City State Zip

Prior Address

Number Street City State Zip

No. Years at Prior Address \_\_\_\_\_

If you are under 18, can you furnish a work permit? ( ) No ( ) Yes

Have you worked for St. Mary's before? ( ) No ( ) Yes (If yes, state dates of employment) \_\_\_\_\_

Have you worked for St. Mary's before under another name? ( ) No ( ) Yes (If yes, state name) \_\_\_\_\_

Shift(s) you can work? ( ) 1st ( ) 2nd ( ) 3rd Other \_\_\_\_\_

Are you employed now? ( ) No ( ) Yes May we contact your present employer? ( ) No ( ) Yes

Are you on a lay-off and subject to recall? ( ) No ( ) Yes

Have you any relatives employed at St. Mary's? ( ) No ( ) Yes If yes, give name(s) and relationship \_\_\_\_\_

Have you ever been discharged from a job, including forced and/or requested resignation? ( ) No ( ) Yes If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

CIRCLE HIGHEST EDUCATION COMPLETED				
High School 9 10 11 12		College 1 2 3 4		Graduate School 1 2 3 4
Name:	Address:	Course	Graduate Yes or No	Degree Received
Last High School Attended				
College				
Post graduate				
Technical or Vocational School				Certificate Completed?
Other Details or Training		School	Course	Certificate Completed?

If your education was obtained under a different name, please provide name \_\_\_\_\_

### Honors Received

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application. Include state/national licensure or certification, special skills and/or course of study.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, religion, color, sex, or national origin. You are required to fill out this section, in its entirety, in addition to attaching your resume.

Employer	Dates Employed		Work Performed
	From	To	
Address	Month:	Month:	
City State Zip	Year:	Year:	
Tel. ( ) -	Hourly Rate/Salary		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address	Month:	Month:	
City State Zip	Year:	Year:	
Tel. ( ) -	Hourly Rate/Salary		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address	Month:	Month:	
City State Zip	Year:	Year:	
Tel. ( ) -	Hourly Rate/Salary		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address	Month:	Month:	
City State Zip	Year:	Year:	
Tel. ( ) -	Hourly Rate/Salary		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on another sheet of paper.

Expected Earnings \$ \_\_\_\_\_ Per (hour) (year) Date Available \_\_\_\_\_

Below, give the names of three individuals to whom you are NOT RELATED, and whom you have known professionally for at least one year. Please provide the ENTIRE address information as we may mail a reference request to these individuals. THIS APPLICATION IS NOT CONSIDERED COMPLETE WITHOUT THESE REFERENCES.

## PROFESSIONAL REFERENCES

1.	_____	_____	_____	_____	_____	_____
	Name	Street Number/Street Name	City	State	Zip	Telephone
2.	_____	_____	_____	_____	_____	_____
	Name	Street Number/Street Name	City	State	Zip	Telephone
3.	_____	_____	_____	_____	_____	_____
	Name	Street Number/Street Name	City	State	Zip	Telephone

## PERSONAL REFERENCES

1.	_____	_____	_____	_____	_____	_____
	Name	Street Number/Street Name	City	State	Zip	Telephone
2.	_____	_____	_____	_____	_____	_____
	Name	Street Number/Street Name	City	State	Zip	Telephone
3.	_____	_____	_____	_____	_____	_____
	Name	Street Number/Street Name	City	State	Zip	Telephone

### PRE-EMPLOYMENT STATEMENT - PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information given by me in this application is complete and true in all respects. I understand that any omission, misrepresentation, or falsification will preclude my application from further consideration. I further understand that, if employed, the subsequent disclosure of any omission, misrepresentation, or falsification of information will result in the termination of my employment. I hereby authorize St. Mary's Home for Children to make all necessary and appropriate investigations to verify the information contained herein and authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.

I understand that, upon being hired, I will have to prove authorization to work in the United States.

I understand and agree that any employee guidebook which I may receive will not constitute an employment contract, but will be merely an informational statement of St. Mary's Home for Children's current policies. If employed, I agree to abide by and conform to the policies and procedures of St. Mary's Home for Children. I understand St. Mary's Home for Children retains the right to revise its policies and procedures, in whole or in part, at any time.

I UNDERSTAND AND AGREE THAT, IF I AM OFFERED EMPLOYMENT BY ST. MARY'S HOME FOR CHILDREN, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR ST. MARY'S HOME FOR CHILDREN, WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE EXECUTIVE DIRECTOR OF ST. MARY'S HOME FOR CHILDREN. I ACKNOWLEDGE THAT NO PROMISE REGARDING EMPLOYMENT HAS BEEN MADE TO ME.

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