



APPLICATION FOR EMPLOYMENT

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.

420 Fruit Hill Avenue, North Providence, Rhode Island 02911-2647 Phone: 401.353.3900 Web: www.smhfc.org
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 _____ Name _____
 () Walk In _____ Specify _____

Name _____
 Last First Middle

Cell Telephone (_____) _____ - _____ Email address: _____
 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 _____

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 Email address: _____ Telephone _____
2. _____ Name Email address: _____ Telephone _____
3. _____ Name Email address: _____ Telephone _____

PERSONAL REFERENCES

1. _____ Name Email address: _____ Telephone _____
2. _____ Name Email address: _____ Telephone _____
3. _____ Name Email address: _____ 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: _____

EMPLOYMENT EXPERIENCE

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

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

Date Available _____

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.

