

ST . ANN ' S INFANT AND MATERNITY HOME

APPLICATION FOR EMPLOYMENT

In conformity with applicable laws, St. Ann's Infant and maternity home is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, marital status, national origin, or physical handicap.

PLEASE PRINT CLEARLY

Name _____

Address _____

Telephone _____

Social Security Number
(optional) _____

Are you a citizen of the U.S.? _____ Yes _____ No
If you are not a citizen of the U.S., do you have work papers? _____ Yes _____ No

Who referred you to St. Ann's?

_____ St. Ann's Employee _____ Job Bank _____ Newspaper
_____ Employment Agency _____ Other, explain _____

Were you ever previously employed by St. Ann's? _____ Yes _____ No

If yes: From _____ to _____ Position _____

Position Applying for: _____

Full-Time _____

Part-Time _____

Day Shift _____

Evening Shift _____

Night Shift _____

If hired, when would you be available to begin work? _____

EMPLOYMENT HISTORY

Please answer all question clearly and accurately. Failure to do so may cause delay in processing your application and or result in disqualification.

List current and previous employers and volunteer assignments for the past five years.

Employer		
Address		
City	State	Zip
Position Title		
Duties and Responsibilities		
Supervisor's Name		Phone
Employed From (Mo/Yr)		To
Reason for departure		
Starting Salary		Ending Salary

Employer		
Address		
City	State	Zip
Position Title		
Duties and Responsibilities		
Supervisor's Name		Phone
Employed From (Mo/Yr)		To
Reason for departure		
Starting Salary		Ending Salary

Employer		
Address		
City	State	Zip
Position Title		
Duties and Responsibilities		
Supervisor's Name		Phone
Employed From (Mo/Yr)		To
Reason for departure		

Starting Salary

Ending Salary

EDUCATION

School	Name and Location	Graduated		Major Subjects
		Yes	No	
Elementary				
High School				
College				
Other (specify)				

EMPLOYMENT QUESTIONNAIRE

Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse by you? _____ Yes _____ No

If yes, give a short explanation of the allegations. (Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.)

Have you terminated employment or had your employment terminate for reasons relating to allegations of physical or sexual abuse by you? _____ Yes _____ No

If yes, give a short explanation of the allegations. (Please indicate the date, nature, and place of the allegations and your employer at the time including your employer's name, address, and telephone number.)

EMPLOYMENT QUESTIONNAIRE (CONTINUED)

Have you ever received any medical treatment, physical or psychological, for any reasons involving physical or sexual abuse by you? _____ Yes _____ No

If yes, give a short description of the treatment, including date(s), nature, and locations(s), identifying the treating physician with name, address, and telephone number.

I authorize St. Ann's Infant and Maternity Home to contact my previous employers and obtain employment information from them and to further investigate the truthfulness of my application.

I understand further that any false answers, statements, or misleading omissions made by me on the application in connection with the above-mentioned investigation or in any physical examination can be sufficient grounds for rejection as a candidate for employment of for immediate discharge.

Signature

Date
