

St. Ann's Center for Children, Youth & Families

4901 Eastern Avenue, Hyattsville, MD, 20782 Office of Human Resources • Fax: 301-853-6985 • E-mail: personnel@stanns.org

EMPLOYMENT APPLICATION

St. Ann's Center for Children, Youth and Families

All qualified applicants will receive consideration for employment without regard to race, color, sex, age, national origin, religion, veteran status, or disability. St. Ann's offers equal opportunity and treatment to all employees and applicants for employment. Applicants must answer all questions and sign the application. Incomplete or unsigned applications will not be acknowledged.

Please Print Name: Last First				Middle			
Permanent Address: Nu	imber and Street	C	City		Stat	te	Zip
Campus Address:	На	II	Room Numbe	r		Social Sec (optional)	curity Number
Home Phone		Cell or Business Phor			E-mail Address		
Name and phone numbe	r of person who v	vould take a message if	we are otherwi	ise unable	to contact	you:	
Position Applied For: Date Available for Employment: What employment are you currently seeking? OFull-Time OPart-Time Temporary On Call: Are you at least 18 years of age? No							
EDUCATIONAL RECORD							
High School or G.E.D.	School name, city/s	tate/zip code	9 1	10 11 12	Certificate	or Diploma	Awards
College/University	College/University.		1	1 2 3 4	Certificate		Awards
Graduate School	College/University.				Certificate		Awards
Technical School or other Special School	School Name, city/	state/zip code			Certificate	or Diploma	Awards

EMPLOYMENT RECORD

Beginning with your **present** (or **last**) employer, list all previous employment, including military service.

ivame of employer	Address		Type of business	
Name of immediate supervisor	Super	visor's title and	I telephone number	
Title of your position	Reaso	n for leaving		
Starting date Final date	Starting pay	Final pay	Hours worked per week	
Duties				
May we contact your present employer? [Yes [] No	[] Please contact me first	
we contact your present employer.	j res [j rio	L L	1 rease contact the first	
Name of employer	Address		Type of business	
Name of immediate supervisor	Tame of immediate supervisor Supervisor's title and telephone number			
Title of your position Reason for leaving				
Starting date Final date	Starting pay	Final pay	Hours worked per week	
Duties				
May we contact your present employer? [Yes [] No	[] Please contact me first	
Name of employer	Address		Type of business	
Name of immediate supervisor Supervisor's title and telephone number				
Title of your position	Reaso	n for leaving		
Starting date Final date	Starting pay	Final pay	Hours worked per week	
Duties				
May we contact your present employer? [] Yes [] No	[] Please contact me first	

GENERAL INFORMATION

Have you ever been suspended or disc	charged from a positi	ion? [] Y	es [] No If yes, ple	ase explain:
Have you ever been convicted of a cr	ime, apart from mino	r traffic offer	nses? [] Yes [] N	No
Have you ever been employed by St. If yes, give dates of employment a		ernity Home	Yes [] No	
Are you related to anyone employed I If yes, please give employee's name		Maternity F	Iome [] Yes [] N	Ю
What source referred you to St. Ann's	s Infant & Maternity	Home (Plea	se be specific)	
St. Ann's Employee [] W	Valk-In [] O	ther Placeme	nt Service [] St. Ann'	s Position Listing []
Newspaper Ad [] St. An	n's WebPages [] C	ther:	
PROOF OF U.S. CITIZENSHIP O Are you eligible to work in the U.S.?		STATUS V	VILL BE REQUIRED UP	ON EMPLOYMENT
Are you engione to work in the O.S.?	l j ies []	I NO		
JOB RELATED SKILLS				
Typing speed (if applying for clerical wpm	Typing speed (if applying for clerical job) Foreign language skills:			
Please list Computer/Word Processin	g Skills	<u>I</u>		
Driver's License #:		_		
Computer Skills:				
Professional Certificates:				
Other:				
PROFESSIONAL REFERENT Please give the names of people who		rence regardi	ng your suitability for the po	st for which you are applying.
NAME	TITLE		COMPANY	TELEPHONE NO./ EMAIL ADDRESS

I understand that (1) falsification, misrepresentation or omission of information in this application may result in disqualification from further consideration of employment and if employed, may result in discipline or dismissal; (2) employment is subject to satisfactory references and employment checks including criminal background checks made to persons or entities deemed appropriate by St. Ann's; (3) employment at St. Ann's is 'at will' unless otherwise defined.

I give permission for St. Ann's to obtain and review information pertaining to my background, without limitation. I understand that St. Ann's programs involve working with children. Hence, all employees are required to have additional background checks including fingerprinting, health screening, and drug testing so as to comply with Federal, State, and District of Columbia regulations.

I request and authorize those entities contacted in connection with my application to provide St. Ann's with all information that they believe may be relevant. Further, I waive any claims that I might otherwise hereafter have against St. Ann's, its agents and officials, or against anyone who provides such information.

Print Name		
Signature	 Date	