

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 is an Equal Opportunity Employer

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: Number and S	Street	City	Sta	te Zip
			~	r
Campus Address:	Hall	Room Number		Social Security Number (optional)
Home Phone	Cell or Bu	siness Phone	E-mail Addre	ess
()	()			
Name and phone number of person who would take a message if we are otherwise unable to contact you:				

Position Applied For:	
Date Available for Employment:	Salary Desired:
What employment are you currently seeking? OFu	III-Time OPart-Time OTemporary OOn Call:
Are you at least 18 years of age? [] Yes []	No

EDUCATIONAL RECORD

High School or G.E.D.	School name, city/state/zip code		Certificate or Diploma	Awards
		9 10 11 12		
College/University	College/University, city/state/zip code		Certificate or Degree	Awards
		1234		
Graduate School	College/University, city/state/zip code		Certificate or Degree	Awards
Technical School or	School Name, city/state/zip code		Certificate or Diploma	Awards
other Special School				
1				

EMPLOYMENT RECORD

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

Name of employer	Address		Type of business	
Name of immediate supervisor	Supervisor's title and telephone number			
	Deres	<u> </u>		
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	
Nome of immediate and emission	C	ningen's title on		
Name of immediate supervisor	Super	visor s title and	d telephone number	
Title of your position	Reaso	on 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	
	2			
Name of immediate supervisor	Super	visor's title and	d telephone number	
Title of your position Reason for leaving				
		Ũ		
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 discharged from a position? [] Yes [] No If yes, please explain:			
Have you ever been convicted of a crime, apart from minor traffic offenses? [] Yes [] No			
Have you ever been employed by St. Ann's Center for Children, Youth and Families? [] Yes [] No If yes, give dates of employment and departments:			
Are you related to anyone employed by St. Ann's Center for Children, Youth and Families? [] Yes [] No If yes, please give employee's name.			
Which source referred you to St. Ann's Center for Children, Youth and Families?(Please be specific)			
St. Ann's Employee [] Walk-In [] Other Placement Service [] St. Ann's Position Listing []			
Newspaper Ad [] St. Ann's WebPages [] Other:			
PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT			

Are you eligible to work in the U.S.? [] Yes [] No

JOB RELATED SKILLS

Typing speed (if applying for clerical j	job)	Foreign language skills:	
wpm			
Please list Computer/Word Processing	g Skills		
Driver's License #:			
Computer Skills:			
Professional Certificates :			
Other:			

PROFESSIONAL REFERENCES

Please give the names of people who could provide a reference regarding your suitability for the post 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