

St. Mary's Home

The Albergo House

6171 Kempsville Circle • Norfolk, VA 23502 • 757-622-2208 • Fax: 757-640-0172

Application for Employment (Revised: FEB 2015)

PERSONAL INFORMATION (Any incomplete information may result in disqualification for employment.)

Name: _____

Phone: _____

Address: _____

Social Security #: _____
(Social Security Optional)

City _____ State _____ Zip _____

E-mail: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Can you produce documented proof of your identity and eligibility for employment in the United States? Yes No

Have you worked for us before? Yes No If yes, what position/WHEN? _____

Position you are seeking: RN LPN DSP, DSP2, DSP3 Other: _____

Employment desired: Full time Part-time Days/shifts/hours desired: _____

Hourly pay desired: \$ _____/hr. (Salary history required on second page.) When can you start? _____

Do you have a driver's license, military ID card or other photo ID card? Yes No Required for LOBBYGUARD Screen

EDUCATION

Level	School Name/City/State	Area of Study/ Major/Degree In?	Highest Grade Completed	Year Graduated
High School				
College				
Grad. School/ Other				

LICENSURE/SKILLS/EXPERIENCE

Any special skills or training?	Current licensure/certificate (Bring a copy if you are interviewed.)	# Years Experience	Which agency, state, or other organization issued this license or certificate?
<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> CNA LIC #		
<input type="checkbox"/> TOVA	<input type="checkbox"/> LPN LIC #		
<input type="checkbox"/> Person centered Care	<input type="checkbox"/> RN LIC #		
Other: _____			

List any additional information you feel will be helpful to St. Mary's in considering your application. _____

Are you related to anyone working at St. Mary's? Yes No Who? _____

Have you ever been discharged or requested to resign from a position? Yes No If yes, please explain: _____

Have you ever held a position of trust (ie: handling money or confidential material)? Yes No If yes, please describe: _____

How did you hear about this position? _____

Are you employed now? Yes No If yes, where? _____ Position? _____

Why are you looking for a new/additional position? _____

Have you ever been convicted of a violation of the law, except a minor traffic violation? Yes No If yes, describe violation, date, & place of offense: _____

Have you ever been fingerprinted? Yes No When, why? _____

St. Mary's Home for Disabled Children offers equal opportunities to all persons without discriminating on the basis of race, color, religion, age, gender, national origin, citizenship status, or disability (as defined by law). St. Mary's complies with all equal opportunity laws and regulations.

WORK HISTORY: Start with your current or most recent employer. You must complete ALL information requested.

Employer			Hire Date:	Starting Wage:
Address			Term Date:	Final Wage:
Supervisor	Name: Title:	Did you have any disciplinary problems with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Phone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Your job Title				
Describe your work			Reason for leaving? (Required.)	

Employer			Hire Date:	Starting Wage:
Address			Term Date:	Final Wage:
Supervisor	Name: Title:	Did you have any disciplinary problems with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Phone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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Employer			Hire Date:	Starting Wage:
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Supervisor	Name: Title:	Did you have any disciplinary problems with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Phone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Your job Title				
Describe your work			Reason for leaving? (Required.)	

Personal/Professional REFERENCES

Name:	Address	Phone#	Personal	Professional
1.				
2.				
3.				

BY SIGNING BELOW, I CERTIFY, AGREE TO, AND UNDERSTAND THE FOLLOWING:

- All information on this application is true and accurate. St. Mary's may use the information provided on this application to investigate and verify the accuracy of this information. Any information found to be false, inaccurate, or incomplete shall be grounds to deny me employment or, if I am employed by St. Mary's, to terminate my employment. Unless specifically indicated otherwise, past employers and references may be contacted by St. Mary's to discuss potential employment with St. Mary's.
- I am applying for a position of trust that involves the care of children and adults with special needs. St. Mary's will conduct and pay for a background check to determine my criminal history, if any. My fingerprints will be sent to the Federal Bureau of Investigation (FBI) as part of St. Mary's background check.
- Acceptance by St. Mary's of my application does not indicate that St. Mary's has positions open or that one will be offered to me. Neither this employment application, an interview, nor any other document, discussion, or activity related to my application for employment is intended to create an employment contract.
- If offered employment with St. Mary's, I understand that I am employed at the will of the Home and my employment is subject to termination at any time for any reason, with or without cause, and with or without notice.
- If offered employment, St. Mary's will require me to undergo a chest x-ray or T.B. tine test. Depending on result, I may need additional medical care. I am also required to take and pass a post-offer, pre-employment drug screen. St. Mary's pays for both of these screens.
- If I am employed by St. Mary's, I must abide by all St. Mary's policies, rules, and procedures, *(including support of their tobacco free campus)* and I understand that these policies, rules or procedures may be revised in whole or in part at any time by St. Mary's.
- I affirm that I currently have no pending criminal charges against me, either within or out of the State of Virginia.

(SIGNATURE OF APPLICANT)

(DATE)

(PLEASE PRINT NAME)

Request for Employment Verification -St. Mary's Home/The Albero House
6171 Kempsville Circle • Norfolk, VA 23502 • 757-622-2208 • Fax: 757-640-0172

To: HR Department

Subject: Employment Reference Check

I, _____ (PRINT) give St. Mary's Home for Disabled Children permission to contact past employers for a job performance reference.

Date: _____

Signature

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OPTIONAL INFORMATION: St. Mary's is an affirmative action/equal opportunity employer. We are required to compile summary data about our applicants. All responses are completely voluntary and confidential. This information will be used solely to help us comply with government record keeping, reporting, and other legal requirements. Refusal to respond will not result in any adverse treatment of any applicant. We appreciate you voluntarily completing this section.

**Check one: Race/
Ethnic Group:**

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaska Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

Gender: MALE FEMALE **Status:** US Citizen Permanent Resident Non-emigrant

Check any that are applicable: Vietnam-era Veteran Disabled Veteran Disabled Individual

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

Position Applied For: _____

REV: FEB 2015