

Employment Application



St. Mary's Residential Training School (St. Mary's)

An Equal Opportunity Employer

Please Print All Information. Read This Before Completing Application.

St. Mary's is an equal opportunity employer. All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, or handicap/disability. The use of this form does not mean that there are positions open and does not obligate St. Mary's in any way. Answer all questions.

PERSONAL INFORMATION

Name:		Date:
Present Address:		
City:	State:	Zip:
<i>If at present address less than 1 year give previous address.</i>		
Previous Address:		
City	State:	Zip:
Phone Number Where You Can Be Reached: primary () -		Alt. No. () -
Do you certify that you are at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under 18, employment is subject to verification that you are of minimum legal age.
Are you a citizen of the U.S. or are you otherwise legally permitted to hold employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name?		

EDUCATIONAL INFORMATION

School	Name & Address	Course of Study	Years Attended	Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Post Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Correspondence, Night School, GED, Trade School				

EMPLOYMENT HISTORY

Have you ever applied for a job at this St. Mary's? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Position(s) applied for:	
Do you seek to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Rate of pay expected: \$ _____ (per <input type="checkbox"/> Hr. or <input type="checkbox"/> Yr.)
What shifts are you able to work? Dorms: <input type="checkbox"/> 6a-6p <input type="checkbox"/> 8a-8p <input type="checkbox"/> 6p-6a Group Home: : <input type="checkbox"/> 6:30a-2:30p <input type="checkbox"/> 2:30p-10:30p <input type="checkbox"/> 10:30p-6:30a Other positions: : <input type="checkbox"/> 6:30a-2:30p <input type="checkbox"/> 2:30p-10:30p <input type="checkbox"/> 10:30p-6:30a Supv/Prof/Mgt.: <input type="checkbox"/> _____	How soon could you report?
Do you have any relatives that work at St. Mary's <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?
<i>How did you hear about the job for which you applied?</i> Town Talk <input type="checkbox"/> Careerbuilder <input type="checkbox"/> LA Workforce Employment office <input type="checkbox"/> St. Mary's website <input type="checkbox"/> St. Mary's employe <input type="checkbox"/> Other <input type="checkbox"/>	
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been refused a bond? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain reason and date:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state date, court, and place offense occurred:	
Have you ever been discharged or requested to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your present employer know you are seeking other employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why do you desire to change employment?	
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY RECORD

Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates:
Branch:	Starting Rank: Ending Rank:
Date of Discharge:	Type of Discharge:

PRIOR WORK RECORD



List last employers starting with most recent: (use additional paper if needed)

Current/Most Recent Employer Name:			
Address:		Phone:	
City:		State:	Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:\$	Salary or Pay Rate at Leaving:\$
Duties:			
Reason for leaving:		Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Prior Employer Name:			
Address:		Phone:	
City:		State:	Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:\$	Salary or Pay Rate at Leaving:\$
Duties:			
Reason for leaving:		Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Prior Employer Name:			
Address:		Phone:	
City:		State:	Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:\$	Salary or Pay Rate at Leaving:\$
Duties:			
Reason for leaving:		Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Prior Employer Name:			
Address:		Phone:	
City:		State:	Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:\$	Salary or Pay Rate at Leaving:\$
Duties:			
Reason for Leaving:		Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	

REFERENCES



Do not list relatives, employees of this Company, or former employers.

Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:
<hr/>		
Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:
<hr/>		
Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:
<hr/>		
Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:

MISCELLANEOUS

Note: It is understood that false statements on this application may result in refusal to hire or dismissal whenever discovered.

I certify that I have answered all questions contained herein truthfully. I hereby grant permission to the Company to investigate into any and all matters contained in this application. I further authorize any individual, agency, corporation or association having any information concerning any matters contained in this application to disclose such information to the Company upon request. I further agree that I shall not hold either the Company or any individual, agency, corporation, or association liable for damages, if any, resulting from the investigation and disclosure of information concerning the questions asked on this application form.

I understand that, if hired, my employment will be at will and may be terminated by me or by the Company at any time with or without cause. If hired, I agree to conform to the rules and regulations of the Company as set forth in the Employee Handbook, and I acknowledge that the Employee Handbook may be changed or withdrawn by St. Mary's at any time, at St. Mary's sole option and without prior notice to me.

Applicant Signature:	Date:
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It is against state law, (La. R.S. 14:126.3), to make false statements, concerning employment in a nursing or health care facility. Health care facility is defined as: any nursing home, mental retardation facility, mental health facility, hospital, home health agency, hospice, or other residential facility required to be licensed, operated, or established by the laws of this state.

You must list all such facilities, of this type that you worked, or are currently working for. You may use a separate sheet of paper to list this information following the format for previous employment on this application.

We are required to report all violations to the Louisiana Department of Justice.

AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required in order for ST. MARY'S RESIDENTIAL TRAINING SCHOOL to obtain a complete consumer report:

Full Legal Name: _____
(First Name, Full Middle Name, Last Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth*: _____

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Other or Former Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) _____

Email Address: _____

Your signature below indicates the following:

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to ST. MARY'S RESIDENTIAL TRAINING SCHOOL any records or information referenced in the provided disclosure statement for employment related purposes;
- 2) You authorize ongoing procurement of any records or information, reports and records at any time during your employment to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish ST. MARY'S RESIDENTIAL TRAINING SCHOOL and/or Trak-1 with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: _____ Date: _____

* This information will be used for background screening purposes only.

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For California applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For Minnesota applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For Oklahoma applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

CALIFORNIA APPLICANTS: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer.