



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

Office of Human Resources • 4901 Eastern Avenue, Hyattsville, MD, 20782

Fax: 301-853-6985 • E-mail: [personnel@stanns.org](mailto: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.

<u>Please Print</u> Name: Last		First	Middle
Permanent Address: Number and Street		City	State Zip
Campus Address:		Hall Room Number	Social Security Number (optional)
Home Phone ( )	Cell or Business Phone ( )	E-mail Address	
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? <input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Temporary <input type="radio"/> On 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	9 10 11 12	Certificate or Diploma	Awards
College/University	College/University, city/state/zip code	1 2 3 4	Certificate or Degree	Awards
Graduate School	College/University, city/state/zip code		Certificate or Degree	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.

Name of employer		Address		Type of business	
Name 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			Reason for leaving		
Starting date	Final date	Starting pay	Final pay	Hours worked per week	
Duties					
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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? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No If yes, please explain:
Have you ever been convicted of a crime, apart from minor traffic offenses? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No
Have you ever been employed by St. Ann's Infant & Maternity Home [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No If yes, give dates of employment and departments:
Are you related to anyone employed by St. Ann's Infant & Maternity Home [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No If yes, please give employee's name.
What source referred you to St. Ann's Infant & Maternity Home (Please be specific)  St. Ann's Employee [ <input type="checkbox"/> ]      Walk-In [ <input type="checkbox"/> ]      Other Placement Service [ <input type="checkbox"/> ]      St. Ann's Position Listing [ <input type="checkbox"/> ] Newspaper Ad [ <input type="checkbox"/> ]      St. Ann's WebPages [ <input type="checkbox"/> ]      Other:
<p><b>PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT</b></p> Are you eligible to work in the U.S.? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No

## JOB RELATED SKILLS

Typing speed (if applying for clerical job) wpm	Foreign language skills:
Please list Computer/Word Processing 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.

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Print Name

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Signature

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Date