

The Sarah Community as well as the DePaul Health Center Campus are tobacco/smoke-free environments.

12349 DePaul Dr.  
Bridgeton, MO 63044



# APPLICATION FOR EMPLOYMENT

*This facility is an equal opportunity employer. We recruit, hire, train and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation, disability or handicap.*

**PLEASE PRINT ALL REQUIRED INFORMATION.**

Date Completed \_\_\_\_\_

<b>EMPLOYMENT DESIRED</b>	POSITION OR TYPE OF WORK _____			
	SEEKING			
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME, SPECIFY DAY & HRS PER WEEK _____ <input type="checkbox"/> PER DIEM POOL	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> WEEKEND OPTION	<input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT	<input type="checkbox"/> WEEKENDS <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> LIVE-IN
ARE YOU AVAILABLE TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>PERSONAL INFORMATION</b>	LAST NAME                      FIRST                      MIDDLE                      OTHER NAMES BY WHICH YOU HAVE BEEN EMPLOYED _____			
	ADDRESS (NO. STREET) _____		CITY _____	STATE _____                      ZIP _____
	TELEPHONE NUMBER (     ) <small>AREA CODE</small>	ALTERNATE NO WHERE YOU MAY BE CONTACTED (     ) <small>AREA CODE</small>		
	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW DID YOU LEARN ABOUT US	
	DO YOU HAVE A LEGAL RIGHT TO WORK IN THE US?  <input type="checkbox"/> YES <input type="checkbox"/> NO		NEWSPAPER AD <input type="checkbox"/> (Please Specify) _____	
			OTHER PUBLICATION <input type="checkbox"/> (Please Specify) _____	
	HAVE YOU PREVIOUSLY BEEN EMPLOYED BY: <input type="checkbox"/> COULTERVILLE CARE CENTER <input type="checkbox"/> ST ANDREWS APTS <input type="checkbox"/> TOWER GROVE MANOR <input type="checkbox"/> ST ANDREW'S HOME <input type="checkbox"/> BROOKING PARK <input type="checkbox"/> THE SARAH COMMUNITY <input type="checkbox"/> GOOD SAMARITAN HOME <input type="checkbox"/> ST ANDREW'S AT-HOME SERVICES <input type="checkbox"/> MIZPAH MANOR <input type="checkbox"/> NEW FLORENCE NURSING & CARE CTR <input type="checkbox"/> CAPE ALBEON <input type="checkbox"/> ST. ANDREWS MANAGEMENT SERVICES		JOB FAIR/OPEN HOUSE <input type="checkbox"/> SCHOOL <input type="checkbox"/> _____	
			FACILITY EMPLOYEE <input type="checkbox"/> (Please specify) _____	
	DATES EMPLOYED FROM _____ TO _____		LIST ANY RELATIVES WHO ARE CURRENTLY EMPLOYED BY OUR FACILITY	
			NAME                      RELATIONSHIP                      DEPT	
		NAME                      RELATIONSHIP                      DEPT		
MAY WE SHARE YOUR APPLICATION WITH OTHER ST. ANDREW'S COMMUNITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU HAVE THE ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, PLEASE EXPLAIN) _____				
INDICATE ANY REASONABLE JOB ACCOMMODATIONS THAT MAY BE MADE TO BETTER ENABLE YOU TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING: _____				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES GIVE DETAILS (Conviction does not necessarily disqualify you from employment. The nature of the crime, date of conviction, and extenuating circumstances are considered.)				

PLEASE LIST YOUR JOB HISTORY FOR **THE PAST TEN YEARS OR LAST FOUR EMPLOYERS**; STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT. INCLUDE MILITARY SERVICE. DO NOT INCLUDE INTERNSHIPS OR EXPLANATIONS OF PERIODS OF UNEMPLOYMENT; INCLUDE THOSE IN SECTION "ADDITIONAL INFORMATION" ON PAGE 3.

**EMPLOYMENT HISTORY**

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ _____ ZIP _____	IMMEDIATE SUPERVISOR	
TO (MONTH/YEAR)		NAME _____	TITLE _____
LAST SALARY		PHONE # _____	IF PRESENT EMPLOYER, MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
		STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED	
POSITION TITLE _____			
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES _____			
REASON FOR LEAVING _____			

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ _____ ZIP _____	IMMEDIATE SUPERVISOR	
TO (MONTH/YEAR)		NAME _____	TITLE _____
LAST SALARY		PHONE # _____	IF PRESENT EMPLOYER, MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
		STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED	
POSITION TITLE _____			
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES _____			
REASON FOR LEAVING _____			

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ _____ ZIP _____	IMMEDIATE SUPERVISOR	
TO (MONTH/YEAR)		NAME _____	TITLE _____
LAST SALARY		PHONE # _____	IF PRESENT EMPLOYER, MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
		STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED	
POSITION TITLE _____			
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES _____			
REASON FOR LEAVING _____			

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ _____ ZIP _____	IMMEDIATE SUPERVISOR	
TO (MONTH/YEAR)		NAME _____	TITLE _____
LAST SALARY		PHONE # _____	IF PRESENT EMPLOYER, MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
		STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED	
POSITION TITLE _____			
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES _____			
REASON FOR LEAVING _____			

**EDUCATION**

HIGH SCHOOL (NAME AND CITY)	ATTENDED	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF GED DATE RECEIVED
COLLEGE OR OTHER SCHOOLS	LOCATION (CITY/STATE)	DID YOU GRADUATE?	DIPLOMA, DEGREE, OR CERT
			COURSE OF STUDY

**PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION**

TYPE OF LICENSE, REGISTRY OR CERTIFICATION	ISSUING STATE OR ORGANIZATION	NUMBER	EXPIRATION DATE

IF NOT CURRENTLY REGISTERED, LICENSED OR CERTIFIED, ARE YOU ELIGIBLE?  YES  NO

WHEN WILL YOU/DID YOU SIT FOR YOUR EXAMINATION? DATE \_\_\_\_\_

**SPECIAL SKILLS**

PERSONAL COMPUTER       CNA       TYPING \_\_\_\_\_ WPM  
 WORD PROCESSING       HOMEMAKER       TRANSCRIPTION  
 CRT       HOUSEKEEPING       SHORTHAND \_\_\_\_\_ WPM  
 HOME HEALTH AIDE       ESCORT       MEDICAL TERMINOLOGY

HARDWARE USED \_\_\_\_\_

SOFTWARE USED \_\_\_\_\_

OTHER SPECIAL SKILLS \_\_\_\_\_

**ADDITIONAL INFORMATION**

PLEASE INCLUDE ANY ADDITIONAL INFORMATION THAT YOU THINK WOULD BE APPLICABLE, e.g. INTERNSHIPS, MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS, ADDITIONAL RELEVANT EMPLOYMENT, AND EXPLANATION OF ANY GAPS IN EMPLOYMENT EXCLUDE ANY INFORMATION WHICH WOULD DENOTE RACE, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, RELIGIOUS OR POLITICAL AFFILIATIONS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

**PLEASE READ CAREFULLY BEFORE SIGNING**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, ancestry, sexual orientation or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me if I am offered employment or at any time during my employment. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the President (or ranking officer), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Company.

**I understand that The Sarah Community is tobacco free and has policies and procedures governing such and agree to abide by those policies if I am employed by The Sarah Community.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

NAME		POSITION			
DEPARTMENT		EMPLOYEE STATUS <input type="checkbox"/> PER DIEM <input type="checkbox"/> WEEKEND <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL TIME <input type="checkbox"/> REGULAR PART TIME <input type="checkbox"/> CASUAL PART TIME <input type="checkbox"/> PRN			
BI-WEEKLY HOURS	CLASSIFICATION <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	SHIFT		SHIFT DIFFERENTIAL	
START DATE	TIME TO REPORT ON FIRST DAY			ORIENTATION DATE	
SALARY/HOURLY WAGE	EXEMPT/ANNUAL SALARY	NEW POSITION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR			

\_\_\_\_\_  
 HUMAN RESOURCES DEPARTMENT

\_\_\_\_\_  
 DATE

INTERVIEWED BY	NAME _____	DATE _____
INTERVIEWED BY	NAME _____	DATE _____

**The Sarah Community**

If I accept employment at The Sarah Community (subject to satisfactory pre-employment physical requirements and background checks), I understand and agree that any misrepresentation by me in my application will be sufficient cause for cancellation of the application and/or separation. I voluntarily give The Sarah Community permission to make a thorough investigation of my past employment and all other facts stated below. I release from liability or responsibility all persons, places of business and municipalities supplying such information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ SS#: \_\_\_\_\_

The person named above has applied for a position with The Sarah Community as a \_\_\_\_\_ and has stated he/she was in your employ from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_. We would appreciate your completing this form and returning it at your earliest convenience.

Human Resources Department

Are the above dates correct? If not, please list correct dates below:  
from \_\_\_\_\_ to \_\_\_\_\_  
Please indicate number of hours employee worked per week \_\_\_\_\_ Reason for separation \_\_\_\_\_

Would you reemploy? Yes \_\_\_ No \_\_\_ If not, why? \_\_\_\_\_

<b><u>Factors</u></b>	<b><u>Exceptional</u></b>	<b><u>Satisfactory</u></b>	<b><u>Fair</u></b>	<b><u>Unsatisfactory</u></b>
Quality of Work	_____	_____	_____	_____
Quantity of work	_____	_____	_____	_____
Attendance record	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____

Are there any unusual circumstances surrounding this person's employment which should be discussed personally? Yes \_\_\_ No \_\_\_

Were there are accusations of misconduct that were investigated and affirmed? Yes \_\_\_ No \_\_\_ If yes, please describe. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_