



APPLICATION FOR EMPLOYMENT

Every applicant is urged to consider carefully and to understand fully each question and statement before answering. This application will remain active for three months.

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for the position(s) applied for without regard to race, color, religion, sex, national origin, age, citizenship status, or disability. Applicants may request any needed accommodation to participate in the application process. This facility complies fully with: Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; The Age Discrimination Act of 1975.

PERSONAL DATA

Name:	Last	First	Middle	Date:
Home Telephone Number:	Business Telephone Number:			
Present Address:	Street Address	City	State	Zip
Social Security Number:				
Do you have the legal right to remain and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of any crime (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain:				

In case of emergency, please notify:

Name:	Relationship:	Telephone Number:	
Address:	Street Address	City	State Zip

EMPLOYMENT PREFERENCE

Title of position applying for:	Facility in which you wish to work: <input type="checkbox"/> ALF <input type="checkbox"/> APTS <input type="checkbox"/> NH
Employment you are seeking: <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA <input type="checkbox"/> Personal Care Attendant <input type="checkbox"/> Dietary <input type="checkbox"/> Activities <input type="checkbox"/> Clerical <input type="checkbox"/> Administrative <input type="checkbox"/> Maintenance	
Schedule you are seeking: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Short-Hour/Weekend <input type="checkbox"/> Baylor (RN/LPN Only)	
Are you willing to: Work Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No Work Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any commitments to another employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:	
Rate of Pay or Salary Desired:	When can you begin work?

**St. Martin's in the Pines is committed to providing a Drug-Free Workplace for its residents and employees.
All job offers are conditional upon the results of a drug test.**

EMPLOYMENT DATA

Have you previously been employed by us? Yes No If yes, specify job title and date: _____

May we contact your present employer? Yes No

IF YOU HAD A DIFFERENT NAME DURING ANY OF THE EMPLOYMENT LISTED BELOW, PLEASE PUT THAT NAME IN PARENTHESIS UNDER THE SECTION BELOW TITLED "SUMMARIZE YOUR JOB DUTIES."

List most current or recent employer first, include periods of unemployment, and/or Military Service

Employer (company name)	Your Job Title
Street Address	Immediate Supervisor's Name
City, State, Zip Code	Employment Dates From: To:
Telephone Number	Salary Beginning: Ending:
Reason for Leaving	
Summarize Your Job Duties:	
Employer (company name)	Your Job Title
Street Address	Immediate Supervisor's Name
City, State, Zip Code	Employment Dates From: To:
Telephone Number	Salary Beginning: Ending:
Reason for Leaving	
Summarize Your Job Duties:	
Employer (company name)	Your Job Title
Street Address	Immediate Supervisor's Name
City, State, Zip Code	Employment Dates From: To:
Telephone Number	Salary Beginning: Ending:
Reason for Leaving	
Summarize Your Job Duties:	

TRAINING

Have you taken or are you now taking any type of training courses at trade or vocational schools, business schools, vocational courses, correspondence courses, etc.? Yes No

If so, please answer the following:

Name of institution or school at or from which you received the training:
Type of training received:
Length of time you took each course or training:

HEALTHCARE APPLICANT ONLY

Are you professionally licensed or registered? <input type="checkbox"/> Yes <input type="checkbox"/> No State(s):		
Type:	License or Registration Numbers:	Date of Expiration:
Have you ever been refused or had revoked a professional license or registration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		

EDUCATIONAL BACKGROUND

<p>Note: The questions in this section are for purposes of reference checks only. We do not have any educational requirements for employment, except in the positions of Registered Nurse, Licensed Practical Nurse, Head Dietician, Assistant Dietary Supervisor, Executive Housekeeper, and Administrative positions.</p>			
Name and Address of School	Highest Grade Completed	Course of Study	Degrees

REFERENCES

List three persons (not former employers or relatives) whom we may contact for references

Name	Address	Telephone Number

GENERAL NOTICE AND APPLICANT AUTHORIZATION

I understand that this is an application and not a contract of any kind between the undersigned and St. Martin's-in-the-Pines. The use of this application form does not indicate that there are any positions open and does not in any way obligate St. Martin's. I authorize St. Martin's-in-the-Pines to investigate all statements made in this application about my previous employment, education, and skills. I hereby release from liability all persons, employers, companies/corporations, or schools supplying any information in connection with my application.

I hereby certify that all of the information I have given on this application form is true and complete. I understand that any false statements or omissions, whether intentional or unintentional and later discovered, may be cause for refusal to hire me or may be cause for immediate dismissal without future notice or severance.

I understand that St. Martin's-in-the-Pines will condition a job offer on the satisfactory results of a post-offer drug test. If such drug test is positive, I understand that my job offer may be rescinded.

I HEREBY UNDERSTAND AND AGREE THAT A MISREPRESENTATION OF MY PHYSICAL CONDITION DURING THE HIRING PROCESS MAY PRECLUDE ME FROM RECEIVING WORKER'S COMPENSATION BENEFITS, SHOULD I BECOME INJURED ON THE JOB.

I understand that this application will remain in effect for 3 months.

I understand and agree that if hired by St. Martin's-in-the-Pines, my employment may be terminated at will by either myself or St. Martin's-in-the-Pines.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete, to the best of my knowledge.

Date

Signature of Applicant

EMPLOYEE REFERRALS:

Did someone currently employed by St. Martin's-in-the-Pines recommend that you apply? Yes No

Name of Person: _____

How did you hear about this job? *Birmingham Employment Guide* *The Birmingham News* Other

**FAX COMPLETED APPLICATION TO (205) 314-4183
or mail to:**

St. Martin's, Attention: Recruiter, 4941 Montevallo Road, Birmingham, AL 35210

For Office Use Only:

Department & Title:			
Facility:	Date of Hire:	Rate of Pay:	RFP#:

An Equal Opportunity Employer
1998