

**St. Mary's Independent Living Extensions**  
**APPLICATION FOR EMPLOYMENT**



**Please initial and sign the Employment Agreement for Direct Support Professionals**

Certifications

- |                          |           |          |
|--------------------------|-----------|----------|
| 1. Current CPR/First Aid | _____ Yes | _____ No |
| 2. Current CPI           | _____ Yes | _____ No |
| 3. Current TB            | _____ Yes | _____ No |

Training

1. I agree to the training rate of \$7.25 per hour and to complete/return all materials pertaining to training in a timely fashion.
2. I agree to attend a total of 16 hours of mandatory Orientation training.
3. I agree to attain all required training during my employment with St. Mary's Independent Living Extensions. (SMILE)

I understand that SMILE does not offer health benefits, paid holidays, sick days or annual leave.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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**PERSONAL INFORMATION (Please print clearly)**

Date \_\_\_\_\_

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Name \_\_\_\_\_  
                     Last                                    First                                    Middle                                    Maiden

Present address \_\_\_\_\_  
                                     Number                                    Street                                    City                                    State                                    Zip

Telephone (\_\_\_\_) \_\_\_\_\_ Emergency Contact Name and Number \_\_\_\_\_  
 Email \_\_\_\_\_ (Please print clearly)

Are you a citizen of the U.S? \_\_\_\_ State born in: \_\_\_\_\_ Or Country of origin \_\_\_\_\_

Must be able to speak and write the English language and have reliable transportation

**Employment Desired**

Position(s) applied for \_\_\_\_\_

- Employment desired
- FULL-TIME ONLY
  - PART-TIME ONLY
  - AS NEEDED
  - WEEKEND
  - OVERNIGHT

When are you available to start work? \_\_\_\_\_

**EDUCATION**

	NAME OF SCHOOL City and State	DEGREE OBTAINED	MAJOR & SPECIALIZATION	YEARS COMPLETED
High School				
Technical Training				
College/University				
Professional Licenses				

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<b>WORK EXPERIENCE</b>			
Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. (Attach additional sheets if necessary.)			
Name of Employer Address City, State, Zip Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed and skills learned.			
Name of Employer Address City, State, Zip Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed and skills learned.			
Name of Employer Address City, State, Zip Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed and skills learned.			
Have you ever been employed with St. Mary's Independent Living Extensions?    Yes    No			
If yes, when? _____			
Do you have any friends or relatives employed by this company?    Yes    No			
If yes, please provide their names and relationship to you. _____			
<b>Name of who referred you?</b> _____			

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Name \_\_\_\_\_

<b>REFERENCES</b>		
Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.		
Name		Occupation
Company Name	Address	
Telephone	Email	Years acquainted
Name		Occupation
Company Name	Address	
Telephone	Email	Years Acquainted
Name		Occupation
Company Name	Address	
Telephone	Email	Years acquainted