

St. Mary's Independent Living Extensions Application for Employment



Application Date: _____

S.M.I.L.E. is an equal opportunity employer who agrees not to discriminate against any employee or job applicant because of race, color, religion, national origin, sex, physical or mental disability, or age.

Applicant Information

Full Name: _____
Last, First, Middle, Maiden

Current Address: _____
Number, Street, City, State, Zip Code

Telephone: _____ Email: _____

Are you a citizen of the United States? Yes No If no, are you legally eligible to work in the U.S.? Yes No

List the state you were born in or country of origin: _____

Have you ever worked for S.M.I.L.E.? Yes No If yes, when? _____

Do you know anyone currently working for S.M.I.L.E.? Yes No

If yes, who? _____ Relationship: _____

How did you learn about S.M.I.L.E.? Indeed Social Media Religious Organization Other _____

Referral Yes No List person's name _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Are you currently certified in First Aid/CPR AED? Yes No If yes, expiration date: _____

Do you have proof of Tuberculosis (TB) Screening with negative test results? Yes No
(Skin test within the last 12 months / Chest x-ray within the last 5 years)

Do you have a current valid Georgia driver's license? Yes No

Do you have proof of current motor vehicle insurance? Yes No

Desired Employment

Full Time Part Time Office Administration Management/Supervision Consultant Volunteer

Direct Support Professional: Every Weekend Every Other Weekend Overnight Day Program

Position(s) Applying For: _____

What date are you available to start working? _____

Basic Job Functions and Requirements

Check all that you can perform.

- Ability to understand, read and write the English language
- Ability to consistently work professionally and courteously with colleagues, clients, families and stakeholders
- Ability to effectively use a computer and keyboard for word processing and data entry
- Ability to work with frequent interruptions during a work shift
- Ability to perform light cleaning and organizing tasks
- Ability to stand, walk or sit for extended periods
- Ability to reach and bend to lift objects weighing up to 30 pounds
- Must be able to pass a national background check
- Must have reliable transportation
- Must have a working contact number and email address
- Must attend required training and maintain required certifications to remain employed

Note: This list is not all-inclusive. Additional functions are detailed on the specific job description.

Education

High School: _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma <input type="checkbox"/> GED	City and State: _____ Dates From: _____ To: _____
College: _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Degree _____	City and State: _____ Dates From: _____ To: _____
Other: _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____	City and State: _____ Dates From: _____ To: _____
List Professional Licenses: 	

Employment History

Please list your work experience for the past 5 years beginning with your most recent job held. If you were self-employed, list the name of your firm. Attach additional sheets if necessary.

Employer	Name of Last Supervisor/Title
Address	Starting Pay _____ Ending Pay _____
City, State, Zip	Dates of Employment
Phone Number	From _____ (Month/Year)
	To _____ (Month/Year)
List job title(s), duties performed, and skills learned.	
Specific Reason for Leaving:	
<hr style="border: 1px solid black;"/>	
Employer	Name of Last Supervisor/Title
Address	Starting Pay _____ Ending Pay _____
City, State, Zip	Dates of Employment
Phone Number	From _____ (Month/Year)
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Employer	Name of Last Supervisor/Title
Address	Starting Pay _____ Ending Pay _____
City, State, Zip	Dates of Employment
Phone Number	From _____ (Month/Year)
	To _____ (Month/Year)
List job title(s), duties performed, and skills learned.	
Specific Reason for Leaving:	

References

Please list three professional references not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years that we may contact.

Reference #1

Full Name _____ Occupation _____

Company _____ Phone _____

Address _____

Email _____ Years Acquainted _____

Reference #2

Full Name _____ Occupation _____

Company _____ Phone _____

Address _____

Email _____ Years Acquainted _____

Reference #3

Full Name _____ Occupation _____

Company _____ Phone _____

Address _____

Email _____ Years Acquainted _____

SIGNATURE DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print) _____

Signature _____

Date _____

TRAINING DISCLAIMER

If this application leads to employment, I agree to complete a minimum of 16 hours of training annually from the date of hire. I agree to maintain all required training certifications during my employment with S.M.I.L.E.. I agree to the **training pay rate of \$7.25 per hour** and will return all training materials provided to me back to S.M.I.L.E..

BENEFITS DISCLAIMER

I understand that currently, S.M.I.L.E. **does not offer** health, life, dental, vision, or retirement insurance benefits; or paid time off such as holiday, vacation, or sick days.

Signature _____ Date _____