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 or blood test within the last 12 months)

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 Support ☐ Administration ☐ Driver ☐ Nurse ☐ Volunteer

☐ Direct Support ☐ Manager ☐ Residential ☐ Day Program ☐ Weekends ☐ Weekdays ☐ 2nd Shift ☐ 3rd Shift

Position(s) Applying For: _____

What date are you available to start working? _____

Basic Job Functions and Requirements

Please confirm that you can meet and maintain the following core requirements by checking the boxes.

- ☐ 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 maintain a working contact number and email address
- ☐ Must attend required training and maintain required certifications for continued employment eligibility

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

Education

High School: _____ Did you graduate? ☐ Yes ☐ No ☐ Diploma ☐ GED	City and State: _____ Dates From: _____ To: _____
College: _____ Did you graduate? ☐ Yes ☐ No ☐ Degree _____	City and State: _____ Dates From: _____ To: _____
Other: _____ Did you graduate? ☐ Yes ☐ No ☐ Degree _____ ☐ 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:	

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:	

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 _____