

St. John's Community Services Employment Application

St. John's Community Services is an Equal Opportunity Employer. Applicants will be considered without regard to race, color, gender, religion, age, national origin, sexual preference, marital status, disability, or veteran status.

EMPLOYMENT INFORMATION

Last Name		First Name		Middle Name	Social Security Number	
Address		City	State	Zip Code	Telephone: Home ()	
					Cellular ()	
Position(s) applying for:		Date Available	Expected Salary		<input type="checkbox"/> Full Time	<input type="checkbox"/> Volunteer
					<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
Shift Preferred		Are you legally eligible to work in the US?				
<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Overnight	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				Age only if under 18		
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate the date, place, and nature of the conviction.						
Do you have any friends or relatives employed with St. John's Community Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names.						
Have you ever worked at St. John's Community Services before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when Reason for leaving						
Will we need to check your references under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list previous names:						
How did you hear about this job? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> DC Does <input type="checkbox"/> SJCS Employee <input type="checkbox"/> School Posting						
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Please list the exact source. _____						

EDUCATION

Name and Location of Schools Attended	Dates Attended		Number of Years Completed	Degree	Degree	
	From	To			Major	Minor
High School, City, State						
College or University, City, State						
Graduate School, City, State						
Other (e.g., Specialized, Military Training, Trade, Business)						

ACTIVITIES

Membership in Professional Organizations:*
Extracurricular Activities/ Community Services:*

* Exclude those activities which may disclose your race, color, religion, or national origin.



CERTIFICATIONS/LICENSES

Certifications (i.e., CPR, CNA, First Aid, *Teachers please specify type of certification and issuing state*)

Type	Date Received	Date Expires	State(s) Licensed/Certified	Comments

SKILLS

Please list any specialized skills (i.e., sign language, etc.) which may be applicable to the job for which you are applying. Typing: _____ wpm

Software:

MILITARY

Branch of Service	Length of Service	From	To
Rank at Discharge or Separation	List Military Training Programs		
Present Status: Draft Classification or Reserve Status:			

COMMENTS

ADDITIONAL COMMENTS YOU FEEL ARE IMPORTANT IN CONSIDERING YOUR APPLICATION

PROFESSIONAL REFERENCES

List three **PROFESSIONAL** references (not relatives) **not already listed**, who can be contacted, and are, or have been familiar with, your work.

Name / Title	Company Name	Telephone (with area code)	
Address		Nature of Association	Years Known
Name / Title	Company Name	Telephone (with area code)	
Address		Nature of Association	Years Known
Name / Title	Company Name	Telephone (with area code)	
Address		Nature of Association	Years Known

PREVIOUS EMPLOYERS

Give details of your last employers and, where necessary, list other previous positions that will account for your employment record. List present or last 3 positions first, account for all lapses of time, then add additional positions. Attach separate sheet of paper if more than 4 jobs were held in the last 15 years.

Present or Last Position		Start Date (mo/yr)	End Date (mo/yr)	Hourly Rate/Salary
Company Name and Address				
City	State	Zip Code	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefly Describe Your Duties			If no, explain.	
Name of Supervisor	Telephone (with area code)	Reason(s) for leaving		
Next Previous Position		Start Date (mo/yr)	End Date (mo/yr)	Hourly Rate/Salary
Company Name and Address				
City	State	Zip Code		
Briefly Describe Your Duties				
Name of Supervisor	Telephone (with area code)	Reason(s) for leaving		
Next Previous Position		Start Date (mo/yr)	End Date (mo/yr)	Hourly Rate/Salary
Company Name and Address				
City	State	Zip Code		
Briefly Describe Your Duties				
Name of Supervisor	Telephone (with area code)	Reason(s) for leaving		
Next Previous Position		Start Date (mo/yr)	End Date (mo/yr)	Hourly Rate/Salary:
Company Name and Address				
City	State	Zip Code		
Briefly Describe Your Duties				
Name of Supervisor	Telephone (with area code)	Reason(s) for leaving		

Have you ever been fired from a job? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain.

ATTENTION: Read the following statements carefully before signing this application.

AGREEMENT

I hereby apply for employment with St. John's Community Services (SJCS) and state that:

* I understand that employment or continued employment is conditioned on the truth of all information contained in this application. I certify that all of the answers or statements made by me in this application are true, complete and correct; and I understand that misrepresentation or omission of facts called for in this application, in any supplement thereto, or in any other corporate records, will be sufficient grounds for not employing me, or will be cause for immediate dismissal without notice at any time during my employment.

* I understand and agree that all information furnished in this application may be verified by SJCS. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give all all information relative to such verification and hereby release such individuals, organizations, and SJCS from any and all liability for any claim or damage resulting therefrom.

* I understand that employment by SJCS is contingent upon my submitting to a physical examination prior to employment, which must be renewed thereafter on an annual basis, as well as a criminal history check and Motor Vehicle Record check which shall be renewed at SJCS's discretion.

* I understand that, if I am employed by SJCS and as a condition of my continued employment, I will be required to furnish proof of US citizenship or eligibility to work in the US. I will be required to execute certain agreements with SJCS (including employee agreements regarding inventions and confidentiality of information.)

* I understand that employment at SJCS is at the will of SJCS and may be terminated at any time with or without cause.

Signature _____

Date _____

Notice to Applicant:

This application is valid for six months. If you would like to be considered for another position, you must reapply to St. John's Community Services.

Home Office

2201 Wisconsin Avenue, NW
Suite C-150
Washington, DC 20007
Telephone: (202) 237 - 6500
Facsimile: (202) 237 - 6352

Pennsylvania State Office

520 N. Delaware Ave. Suite 301
Philadelphia, PA 19123
Telephone: (215) 451-5053
Facsimile: (215) 451-5073

Tennessee State Office

7891 Stage Hills Blvd.
Suite 116
Bartlett, TN 38133
Telephone: (866) 384 - 3645
Facsimile: (901) 385 - 9450

District of Columbia Office

2201 Wisconsin Avenue, NW
Suite 120
Washington, DC 20007
Telephone: (202) 274-3459
Facsimile: (202) 337-5459

Virginia State Office

7611 Little River Turnpike
Suite 404 West
Annandale, VA 22003
Telephone: (703) 914 - 2755
Facsimile: (703) 914 - 5437

TN Jackson Office

49 Conrad Drive
Jackson, TN 38305
Telephone: (731) 984-7255
Facsimile: (731) 984-7250

VA Loudoun Office

821-J South King Street
Leesburg, Virginia 20175
Telephone: (703) 779 - 7684
Facsimile: (703) 779 - 7476

St. John's Community Services

D.C. State Office

Telephone: (202) 274-3459

Virginia State Office

Telephone: (703) 914-2755

Tennessee State Office

Telephone: (901) 384-3645

Pennsylvania State Office

Telephone: (215) 451-5053

VA Loudoun Office

Telephone: (703) 779-7684

TN Jackson Office

Telephone: (731) 984-7255

Home Office Telephone: (202) 237-6500

The Mission of St. John's Community Services is *advancing community support and opportunities for people living with disabilities.*

Please read the following information CAREFULLY. Listed below are the expectations for employment at St. John's Community Services. If you do not understand what is being listed, or feel you cannot agree to such conditions, please speak with one of the representatives from St. John's to review the situation.

Thank you!

St. John's Community Services is an Equal Opportunity Employer. Applicants will be considered without regard to race, color, gender, religion, age, national origin, sexual preference, marital status, disability, or veteran status.

- If you are selected as a final candidate for a position at St. John's Community Services (SJCS) it will be necessary for us to complete reference checks. It is therefore extremely important for you to fill in the employment application completely. Incomplete or incorrect information will delay the processing of your application and may result in your elimination as a candidate. It is not acceptable to write "see resume" instead of completing the application form.
- Complete the reference sheets attached to the application. These forms are designed to expedite the reference check process. It may also involve us talking to or receiving written information from individuals you have not identified on your application, but who are familiar with your work or related activities (i.e. a company's Human Resources Department). You only need to complete the top portion of the form (name, signature, date). The rest is to be completed by your references. Be sure to sign and date the application allowing your references to release the necessary information.
- SJCS would like to take action regarding your application for employment as soon as possible. To shorten the process, we request that you provide, within ten days, two letters of reference (one reference letter should be from a former or current supervisor and the other may be from a former or current co-worker) both on business stationary with the writer's current telephone number included and copies of any work related licenses or certifications.
- Your signature on the back of the application indicates that you have given SJCS express permission to complete a background check relevant to the position for which you are applying.

- If hired by SJCS, your employment is at will, and as such employment may be terminated at any time with or without cause.
- If hired by SJCS, you may be asked to work varying shifts. You must therefore be flexible with your work schedule.
- All newly hired employees must complete a REQUIRED training period. Sessions will be held in accordance with individual program operations.
- As a condition of employment at SJCS, all employees must present three REQUIRED documents: (1) Criminal History Check, (2) MVR Check, and (3) Health Assessment. All required documents must meet SJCS employment standards before employment can begin.
- Once employed with SJCS, all employees will be required to have an annual health screening and MVR check.
- As a condition of employment, all employees whose jobs require driving will be expected to do so.

I have read and understand the information above and if hired, agree to comply with the conditions listed.

Print Name

Signature

Date

St. John's Community Services

D.C. State Office
Facsimile: (202) 337-5459

Virginia State Office
Facsimile: (703) 914-5437

Tennessee State Office
Facsimile: (901) 385-9450

Pennsylvania Office
Facsimile: (215) 451-5073

VA Loudoun Office
Facsimile: (703) 779-7476

TN Jackson Office
Facsimile: (731) 984-7250

Home Office
Facsimile: (202) 237-6179

To Whom It May Concern: The person named below has applied for a position with St. John's Community Services. Their consideration for employment is largely dependent on this reference form. Your prompt cooperation, time and attention in completing this reference will be greatly appreciated.

I, _____, do hereby give my permission for you, _____, to release to St. John's Community Services all information requested on this form.

X _____
(Signature)

X _____
(Date)

Worked for you under the name of _____ SS# _____ - _____ - _____

Dates of Employment ____ / ____ / ____ to ____ / ____ / ____

Job Title of Starting Position _____ Rate of Pay _____ per _____

Job Title of Last Position _____ Rate of Pay _____ per _____

Exceptional Above Average Average Below Average Unable to Rate

	Exceptional	Above Average	Average	Below Average	Unable to Rate
Attendance					
Dependability					
Completeness of Assignment					
Written Communication Skills					
Oral Communication Skills					
Interaction with management					
Interaction with co-workers					
Interaction with consumers					
Productivity					
Work Quality					
Job Knowledge					
Initiative					

Was there a break in service? _____ Yes _____ No

If yes, please give a brief explanation. _____

Job Responsibilities and Nature of Work Performed. _____

Reason person left your employ. (Please be as specific as possible). _____

Did person give proper notice? _____ Yes _____ No _____ N/A _____

If no, please explain. _____

Is person eligible for rehire? _____ Yes _____ No

Additional Comments _____

Company Name _____

Name of Person Completing Form _____

Title _____

Signature _____ Date _____

THANK YOU FOR YOUR COOPERATION!