

# ST. MARY'S NURSING CENTER, INC.

## APPLICATION FOR EMPLOYMENT

21585 PEABODY STREET • LEONARDTOWN, MARYLAND 20650  
301-475-8000 • FAX: 301-475-3085 • www.stmarysnursingcenter.com

St. Mary's Nursing Center, Inc. is an equal opportunity employer and does not discriminate against any employee or applicant for employment due to age, sex, marital status, pregnancy, national origin, religion or beliefs, race, color, political affiliation or opinion, handicap, disability, or any other legally protected or nonmerit factor.

1. Name (Last, First, Middle)	6. Position you are applying for
Address (Number & Street)	7. Options for which you want to be considered:
City, State & Zip Code	8. Date available for work
E-Mail Address	9. Lowest pay you will accept
2. Social Security Number (Last Four Digits) XXX-XX-	10. Will you accept:  Full-Time Employment      Yes <input type="checkbox"/> No <input type="checkbox"/>  Part-Time Employment      Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Home Phone: (Include Area Code)	
4. Business Phone: (Include Area Code)      5. Cell Phone: (Include Area Code)	

<b>11. LICENSES:</b> Do you have a valid Driver's License?    Yes <input type="checkbox"/> No <input type="checkbox"/> Driver's License Number: _____ State: _____ Expiration Date: _____ Type of License: Commercial <input type="checkbox"/> Non-commercial <input type="checkbox"/> Class: _____ List all other professional licenses, registrations, and certificates: Type: _____ Number: _____ Expiration Date: _____ Type: _____ Number: _____ Expiration Date: _____	<b>FOR OFFICIAL USE ONLY</b> <small>(DO NOT WRITE IN THIS BLOCK)</small>  <b>BACKGROUND</b> Yes <input type="checkbox"/> No <input type="checkbox"/> States: _____  <b>REGISTRY</b> STATE Yes <input type="checkbox"/> No <input type="checkbox"/> FED. Yes <input type="checkbox"/> No <input type="checkbox"/> I-9 Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---

<b>12. List all machines or equipment, including office equipment, you can operate skillfully.</b> _____ _____ _____	<b>13. List all additional qualifications and skills:</b> Typing speed: _____ W.P.M.      Shorthand speed: _____ W.P.M. Additional qualifications and skills: _____ _____ _____
---	---

### EDUCATION AND TRAINING

**14. CIRCLE HIGHEST GRADE COMPLETED**

GRADE SCHOOL								HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL			
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4

High School Name _____ City _____ State _____ Did you graduate?    Yes <input type="checkbox"/> No <input type="checkbox"/> or Do you have a G.E.D. or equivalent?    Yes <input type="checkbox"/> No <input type="checkbox"/>	College Name _____ City _____ State _____ Did you graduate?    Yes <input type="checkbox"/> No <input type="checkbox"/> Degree(s) _____ Major _____ Hrs. completed _____ Minor _____
--	--

In this space below, list additional training, educational seminars or short courses completed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. References. List three persons who are not related to you and who have knowledge of your qualifications. Do not repeat supervisors listed under Experience Item 15.

Name	Address	Phone

16. Experience. Starting with your current or most recent job, list all positions you have held in the last ten years. If you consider it appropriate to this application, you may include as an addendum, positions held earlier than ten years ago. Be concise, but do not omit information which may be relevant to the position for which you are applying. Please explain any lapses in employment. If you need additional blocks, use blank sheets.

A. Dates of Employment		Job Title	Number of Persons Supervised
From:	To:		
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for leaving:

May we contact this employer? If not, why not?

Description of Duties:

B. Dates of Employment		Job Title	Number of Persons Supervised
From:	To:		
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for leaving:

May we contact this employer? If not, why not?

Description of Duties:

C. Dates of Employment		Job Title	Number of Persons Supervised
From:	To:		
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for leaving:

May we contact this employer? If not, why not?

Description of Duties:



D. Dates of Employment		Job Title	Number of Persons Supervised
From:	To:		
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for leaving:

May we contact this employer? If not, why not?

Description of Duties:

E. Dates of Employment		Job Title	Number of Persons Supervised
From:	To:		
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for leaving:

May we contact this employer? If not, why not?

Description of Duties:

17. Are you related by blood or marriage to any Nursing Center employee(s) Yes  No

St. Mary's Nursing Center, Inc. does not prohibit the hiring of relatives. However, it is against our Nepotism policy for an employee to be under the direct supervision of a relative.

18. A. How did you hear about St. Mary's Nursing Center, Inc.? \_\_\_\_\_

B. How did you hear of the position you are applying for? \_\_\_\_\_

C. Did a current member of our staff refer you to our facility? Yes  No  If Yes, who? \_\_\_\_\_

19. Have you ever been employed with St. Mary's Nursing Center, Inc.? Yes  No  If Yes, answer questions below:

A. Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

B. Position Held \_\_\_\_\_

C. Reason for Leaving: \_\_\_\_\_

20. Are you legally authorized to accept work and remain in the United States? Yes  No   
 (Proof of identity and authorization will be required upon employment)

21. Are you currently 18 years or older? Yes  No   
 If not, state your age: \_\_\_\_\_ Can you provide a work permit? Yes  No

22. Person to be notified in case of emergency:

Name	Address	Home Phone	Work Phone

# Pinkerton Consulting & Investigations

## AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for employment, I authorize Pinkerton Consulting & Investigations and their respective agents, to solicit information about my criminal background record.

I understand that in processing my application with ST. MARY'S NURSING CENTER, INC., an investigative consumer report will be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; employment history, education, criminal records, social security, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

I AUTHORIZE, WITHOUT RESERVATION, ANY PERSON, AGENCY OR OTHER ENTITY CONTACTED BY PINKERTON CONSULTING & INVESTIGATIONS OR THEIR AGENTS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I release Pinkerton Consulting & Investigations, St. Mary's Nursing Center, Inc, their respective employees, agents, and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports. Pinkerton retains copies of criminal backgrounds for a maximum of thirty days. They are destroyed after that period. I have been advised of my rights under the Fair Credit Reporting Act. If negative information should be presented in my name, I reserve the right to contact Pinkerton Consulting & Investigations for clarification.

I understand that all information obtained regarding my background will be confidential and reviewed only by related personnel and department directors.

### PLEASE ANSWER ALL LINES COMPLETELY

NAME (PRINT): \_\_\_\_\_

(FIRST)

(MIDDLE)

(LAST)

OTHER NAMES USED (including Maiden and nick names): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Number of Years At This Address: \_\_\_\_\_ TELEPHONE #: (\_\_\_\_) \_\_\_\_\_

LAST ADDRESS IF LESS THAN TWO YEARS AT CURRENT ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

# Of Years At This Address: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

NAME OF SCHOOL & YEAR GRADUATED WITH HIGHEST DEGREE: \_\_\_\_\_

STATE: \_\_\_\_\_ YEAR: \_\_\_\_\_

NAME OF MOST RECENT EMPLOYER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROFESSIONAL LICENSE HELD: \_\_\_\_\_

I have been advised of my rights under the Fair Credit Reporting Act. And reserve the right to contact Pinkerton Consulting & Investigations for further information contained in my report.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Parent signature, if under 18 years of age)

FAX RETURN RESULTS TO : *ST. MARY'S NURSING CENTER*  
*C/o Beth Payne (301) 475-5210*

# St. Mary's Nursing Center, Inc.

21585 Peabody Street  
Leonardtown, Maryland 20650  
(301) 475-8000 • www.stmarysnursingcenter.com

## DISCLOSURE STATEMENT (To be submitted with application for employment)

It is the policy of St. Mary's Nursing Center, Inc. for applicants of employment to complete this sworn statement disclosing and/or affirming the existence of any criminal convictions or pending criminal charges without a final disposition.

I) An eligible employee, who fails to disclose in the disclosure statement a conviction or the existence of pending charges for a criminal offense or attempted criminal offense, is guilty of perjury and on conviction is subject to the penalty provided by law.

II) An eligible employee, who violates any provision of the Statute is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$1,000 or imprisonment not exceeding one year or both.

List Convictions, or pending charges without a final disposition and the status thereof below:

***If none, you must write "none".***

---

---

---

---

---

---

---

---

I attest that on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
That I have read and understand the statement above and the information I have provided is correct and current to the best of my knowledge.

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

\_\_\_\_\_  
Witness Signature (required)

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

\*This sworn statement must accompany your completed application for employment.