



Mother of Good Counsel Home
 6825 Natural Bridge Road
 St. Louis, MO 63121
 314-383-4765 Fax: 314-383-7256

APPLICATION FOR EMPLOYMENT

Mother of Good Counsel Home, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, mental handicap, or disability.

POSITION APPLIED FOR RN LPN CNA CMT
 Dietary Housekeeper Support Services Other (Specify) _____

Please Print Plainly

(Personal Data) Date: _____

Name _____ Phone _____
Last First M.I. Cell _____
Pager _____

Address _____ Soc. Sec. Num. _____
Street

_____ City State Zip

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:

Name _____ Phone _____ Relationship _____

List any relatives or friends employed at Mother of Good Counsel Home _____

Will you work: Full time _____ Part time _____ On Call _____ Per diem _____

Will you work: Days _____ Evenings _____ Midnights _____ Rotating shifts _____ Date Available for work _____

Were you previously employed by us? _____ If so, when? _____

How were you referred to Mother of Good Counsel Home? _____

Have you ever been convicted of a crime (including any type of traffic violation)? Yes ___ No ___ If yes, explain _____

Education

	Name of School	Years Attended		Circle Last Year Completed	Did You Graduate?
		From	To		
Elementary				5 6 7 8	Yes No
High School				1 2 3 4	Yes No
College				1 2 3 4	Yes No
Other				1 2 3 4	Yes No

HEPATITIS A VACCINATION Yes No (If Yes, you **MUST** bring proof of vaccination with you before Orientation)

MUST BE COMPLETED BY SUPERVISOR:

Work Location: _____ **Rate:** \$ _____

Position: _____ **Date of Hire:** _____

Days: _____ **Evenings:** _____ **Nights:** _____ **Full Time:** _____ **Part Time:** _____

Every Weekend? Yes: _____ **No:** _____ **IF YES, Amount:** \$ _____

(Employment History) Beginning with the most recent employment, list all present and past employment and indicate if you were employed under a different name. Attach additional sheet of information, if necessary.

LIST COMPANY NAME, ADDRESS, PHONE NUMBER, AND PERSON TO WHOM YOU REPORTED	FROM	TO	LIST POSITION, TITLE AND TYPE OF WORK PERFORMED	STARTING HOURLY WAGE	ENDING HOURLY WAGE	REASON FOR LEAVING
	MO. / YR.	MO. / YR.				
LIST COMPANY NAME, ADDRESS, PHONE NUMBER, AND PERSON TO WHOM YOU REPORTED	FROM	TO	LIST POSITION, TITLE AND TYPE OF WORK PERFORMED	STARTING HOURLY WAGE	ENDING HOURLY WAGE	REASON FOR LEAVING
	MO. / YR.	MO. / YR.				
LIST COMPANY NAME, ADDRESS, PHONE NUMBER, AND PERSON TO WHOM YOU REPORTED	FROM	TO	LIST POSITION, TITLE AND TYPE OF WORK PERFORMED	STARTING HOURLY WAGE	ENDING HOURLY WAGE	REASON FOR LEAVING
	MO. / YR.	MO. / YR.				
LIST COMPANY NAME, ADDRESS, PHONE NUMBER, AND PERSON TO WHOM YOU REPORTED	FROM	TO	LIST POSITION, TITLE AND TYPE OF WORK PERFORMED	STARTING HOURLY WAGE	ENDING HOURLY WAGE	REASON FOR LEAVING
	MO. / YR.	MO. / YR.				
LIST COMPANY NAME, ADDRESS, PHONE NUMBER, AND PERSON TO WHOM YOU REPORTED	FROM	TO	LIST POSITION, TITLE AND TYPE OF WORK PERFORMED	STARTING HOURLY WAGE	ENDING HOURLY WAGE	REASON FOR LEAVING
	MO. / YR.	MO. / YR.				

READ CAREFULLY THEN SIGN BELOW:

I understand that nothing contained in this application or the granting of an interview creates a contract between Mother of Good Counsel Home and myself for either employment or the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Mother of Good Counsel Home. If an employment relationship is established, I acknowledge that no consideration has been furnished to Mother of Good Counsel Home for my employment other than my services, and I understand I have the right to terminate my employment at any time and that Mother of Good Counsel Home has the same rights.

The statements I have made in this application are correct to the best of my knowledge. If employed, I agree to conform to all rules and regulations of Mother of Good Counsel Home of St. Louis, Missouri. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. I understand and agree that Mother of Good Counsel Home may make inquiry concerning my character, employment record, and other matters. I agree that Mother of Good Counsel Home of St. Louis may give such information to others in the future. I hereby release Mother of Good Counsel Home of St. Louis and all other persons, from all liability in furnishing such information.

I acknowledge that a part of the pre-employment screening process includes a physical and the test results will be considered in any employment decision to be made by Mother of Good Counsel Home.

In the event of my indebtedness to Mother of Good Counsel Home of St. Louis, upon the termination of my services, I agree that salary due me is to be applied to my account.

_____ Date

_____ Signature of Applicant