



Little Sisters of the Poor
Jeanne Jugan Residence
964 Main Street
Pawtucket, Rhode Island 02860
401.723.4314

EMPLOYMENT APPLICATION

If you have questions or need assistance in completing this application, please contact the Director of Human Resources.

The Little Sisters of the Poor is an equal opportunity employer. We strongly believe in equal employment opportunity for all. In furtherance of this policy, we will continue to recruit, employ, train, promote, provide benefits to, and compensate our employees without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, military status, pregnancy, disability or any other characteristic protected by federal, state or local law.

DATE: _____ POSITION APPLIED FOR: _____

FIRST NAME: _____ LAST NAME: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE # _____ CELL PHONE: _____ OTHER: _____

EMAIL: _____

PLEASE CHECK SHIFTS AND DAYS YOU ARE AVAILABLE TO WORK:

DAY _____ EVENING _____ NIGHT _____

FULL TIME: _____ PART TIME: _____

DAY: MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____

EDUCATION AND PROFESSIONAL STATUS

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4 5+

NAME & LOCATION OF LAST SCHOOL ATTENDED _____

NAME & LOCATION OF VOCATIONAL OR TRADE SCHOOL ATTENDED _____

RI RN License #	RI LPN License #	RI C.N.A. License #	RI MED TECH License #

EMPLOYMENT HISTORY

HAVE YOU EVER WORKED FOR THE LITTLE SISTERS OF THE POOR BEFORE? YES _____ NO _____

IF YES, LOCATION _____ POSITION: _____

START DATE: _____ END DATE: _____ REASON FOR LEAVING: _____

PLEASE LIST YOUR PREVIOUS EMPLOYERS STARTING WITH YOUR PRESENT, OR MOST RECENT EMPLOYER:

NAME OF EMPLOYER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

POSITION HELD _____ SUPERVISOR _____

JOB DUTIES: _____

START DATE: _____ END DATE: _____ REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

POSITION HELD _____ SUPERVISOR _____

JOB DUTIES: _____

START DATE: _____ END DATE: _____ REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

POSITION HELD _____ SUPERVISOR _____

JOB DUTIES: _____

START DATE: _____ END DATE: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES: _____ NO: _____

IF UNDER 18, DO YOU HAVE A WORK PERMIT? YES: _____ NO: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES: _____ NO: _____

IF HIRED, VERIFICATION WILL BE REQUIRED CONSISTENT WITH FEDERAL LAW.

APPLICANT STATEMENT

- I understand that the first three (3) months of employment will be an introductory period. This will provide us with time to determine whether you are satisfactorily performing your duties and allows you time to decide if you are satisfied with your position. Both before and after this introductory period, however, employment with the Home is always “at will.”
- Employment at the Home is on an at-will basis. This means that employees may resign at any time and for any or no reason at all. Likewise, the Home may terminate the employment of any employee at any time for any reason or no reason.
- If employed by the Little Sisters of the Poor, I agree to abide by its rules and regulations.
- I understand that no representation, whether oral or written by any representative or agent of the Home, at any time, can constitute a contract of employment. I understand that the Home and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedure, benefit or other term or condition of employment other than in a document signed by Mother Superior, or to make any agreement contrary to the foregoing.
- I certify that the information provided by me on this application is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for denial of employment or immediate termination of employment regardless of when or how discovered.
- I authorize the Little sisters of the Poor to investigate all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the Little Sisters of the Poor from all liability that might result from making an investigation.

Applicant’s Signature: _____ **Date:** _____

I have applied for employment with the Little Sisters of the Poor at Jeanne Jugan Residence. Please provide answers to the following questions and return this form to the Human Resources Department by fax 401-723-4317.

By this authorization, I hereby release you from any liability or action based upon the content of your answer.

Print Applicant Name: _____ **Date:** _____

Applicant Signature: _____