



**RUTH M SMITH CENTER**  
A UMV National Mission Institute/Personal Care Home  
407 South Main Street – Sheffield, PA 16347  
(814) 968-3238

**JOB APPLICATION**

Please complete this form in type or black ink. All questions must be answered in the boxes provided.

<b>Position applied for:</b> _____	<b>Date of Application:</b> ____/____/____
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Mr./Mrs./Miss/Ms. (circle one)	Social Security #	
First Name, Middle Initial, and Last Name		
Address:		
City/State:	Zip Code:	
Email Address:	Phone:	

**REFERENCES**

Please give the names and full addresses of two people who can verify or confirm your employment and character. Do not use relatives or partners as references.

Name:	Name:
Position:	Position:
Relationship:	Relationship:
Address:	Address:
Phone:	Phone:
Email:	Email:

Have you ever been convicted, cautioned, or reprimanded for a criminal offence? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, please give details and date(s) in the space provided below:


**EDUCATION**

Start with most recent. Include high school but not elementary. Attach additional sheets, if needed.

School and Address	Area of Study	Degree (Diploma or Certificate)	Year Graduated

Professional or other qualifications, apprenticeships, memberships of professional organizations, awards:


Other training:


Do you have a valid driver's license? YES \_\_\_\_ NO \_\_\_\_ State license is issued in: \_\_\_\_\_

Have you ever been employed at the Ruth M. Smith Center? YES \_\_\_\_ NO \_\_\_\_

Do you know anyone that works at the Ruth M. Smith Center? YES \_\_\_\_ NO \_\_\_\_

**EMPLOYMENT**

Start with most recent. Include additional sheets, if needed.

Employer Name:			
Address:			
City/ State:		Zip Code:	
Date Started:		Ended:	
		Reason for Leaving:	
Job Title:		Wage Earned:	
Description of Duties:			



**PHYSICAL RECORD**

Do you have any physical limitations that prevent you from performing any work for which you are being considered? YES \_\_\_\_\_ NO \_\_\_\_\_

How can we accommodate your limitations?


In case of emergency please notify:		
First and Last Name	Address:	Phone (s):

By signing below, I certify the facts contained in this application are true and complete to the best of my knowledge and understand that if employed falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed about to give you any and all information concerning my previous employment and any pertinent information that may have personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that if hired, my employment is for no definitive period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

I also certify that I have no history of or conviction for violent crimes(s) and was never dismissed from employment due to abuse of clients, residents or children.

Signature:

Date:

The Ruth M. Smith Center (RMSC) provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or genetics. In addition to federal law requirements, RMSC complies with applicable state and local governing non-discrimination. This policy applies to all terms and conditions of employment.

As an employee of the Ruth M. Smith Center, if hired your employment will be "at-will." This means that during the course of employment with the organization, employees are free to terminate their employment with the organization at any time, with or without a reason, and the organization has the right to terminate employees at any time, with or without a reason. Although the organization may choose to terminate an employee for cause, cause is not required.

INTERNAL USE ONLY					
Date Posted:		Closing Date:		Received:	
Interview Date:		Interviewed by:			

03-11-2025