



FOR OFFICE USE ONLY		
POSITION	WORK LOCATION	RATE
_____	<input type="checkbox"/> Administration <input type="checkbox"/> SE <input type="checkbox"/> Transportation <input type="checkbox"/> Day Program <input type="checkbox"/> Residential Administration <input type="checkbox"/> Group Home: _____	<input type="checkbox"/> Per Year <input type="checkbox"/> Per Hour _____
DATE OF HIRE		_____

APPLICATION FOR EMPLOYMENT

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, religion, color, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, general reputation and mode of living. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

(PLEASE PRINT OR TYPE)

PERSONAL

Date: _____

Name: _____

Social Security No: _____ Telephone No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you legally eligible for employment in the U.S.A.? Yes No If hired, you are required to submit proof of your eligible to work in the U.S.A.

Are you over the age of eighteen (18)? Yes No If no, hire is subject to verification that you are of minimum legal age.

Position (s) applied for _____

Were you previously employed by us? Yes No If yes, when? _____

If application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills or qualifications which will be of special benefit in the job for which you are applying?

EMPLOYMENT HISTORY

1.

Name and Address of Company and Type of Business	FROM		TO		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Telephone No.	Describe the work you did:							

2.

Name and Address of Company and Type of Business	FROM		TO		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Telephone No.	Describe the work you did:							

3.

Name and Address of Company and Type of Business	FROM		TO		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Telephone No.	Describe the work you did:							

4.

Name and Address of Company and Type of Business	FROM		TO		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Telephone No.	Describe the work you did:							

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer 1 Yes No Employer 2 Yes No Employer 3 Yes No Employer 4 Yes No

Signature: _____ Date: _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Diploma or Degree
			5	6	7	8		
Elementary		N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
High							<input type="checkbox"/> Yes <input type="checkbox"/> No	
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE READ AND SIGN BELOW

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

Signature of Applicant: _____ Date: _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omissions on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature of Applicant: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

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INTERVIEWER	DATE	STRENGTHS	WEAKNESSES	RECOMMEND FOR HIRE
				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
				PLEASE NOTE THAT HIRE IS CONTINGENT UPON <input checked="" type="checkbox"/> Criminal Background <input checked="" type="checkbox"/> Drug Test Result <input checked="" type="checkbox"/> Motor Vehicle Record <input checked="" type="checkbox"/> References

HUMAN RESOURCE DEPARTMENT

REFERENCE CHECKS			
POSITION	VERIFIED	NOT VERIFIED	COMMENTS
1	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	

SELECTED FOR HIRE	COMMENTS
<input type="checkbox"/> YES <input type="checkbox"/> NO	

APPROVED BY HR (SIGNATURE)

DATE OF APPROVAL