

Mid-Atlantic Human Service Corp.

9649 Belair Road Suite 102 Nottingham, MD 21236 (410) 497-3000 Fax: (410) 256-2548

Office Use: **App. source:** ad walk-in
Certs.: CNA med cert
 Exp.: ___/___/___
 ID SS card Wknd: Y N

Employment Application

EQUAL EMPLOYMENT: WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, HANDICAP OR DISABILITY, SEXUAL ORIENTATION, MARITAL OR VETERAN STATUS, OR ANY OTHER CHARACTERISTIC PROTECTED BY FEDERAL, STATE, OR LOCAL LAWS, EXCEPT WHERE SEX OR ANY OTHER CHARACTERISTIC IS A BONA FIDE OCCUPATIONAL QUALIFICATION.

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number (H)	(C)	Social Security Number

Position applying for: _____ **Desired Salary:** _____ **Date of Application:** _____

Hours preferred: Full time Part time Sub(must work at least 3 times a month)

Are you available for any shift? Yes No **If no, explain:** _____

Shift preferred: 1st (7A-3P) 2nd (3P-11P) 3rd (11P-7A) any

Weekends (Sat., Sun.) OK? every every other once in a while no weekends

Location: Baltimore County OK Harford County OK

	Yes	No
Have you previously applied to Mid-Atlantic? If yes, date(s) _____	[]	[]

	Yes	No
Have you previously worked for Mid-Atlantic? If yes, dates and at what location _____ Please provide last name if different _____	[]	[]

	Yes	No
Are any of your relatives presently employed by Mid-Atlantic? If yes, provide name and relationship _____	[]	[]

	Yes	No
Are you currently working for, or with, another temporary or staffing agency or have you worked for, or with one in the past 12 months? If yes, provide name, phone number of agency and contact person. _____	[]	[]

	Yes	No
Are you legally authorized to work in the U.S.?	[]	[]

	Yes	No
Are you 18 years or older?	[]	[]

	Yes	No
Do you have a valid driver's license?	[]	[]

	Yes	No
If hired, do you have reliable transportation to get to work?	[]	[]

	Yes	No
Have you ever been convicted of a crime?	[]	[]

(The existence of a criminal record, per se, is not an automatic bar to employment with this agency.)

If yes, on a separate sheet of paper explain the circumstances of the offense, including the date, charge and nature of offense, place of the offense, court or legal jurisdiction, date of conviction, sentence and/or fine paid, and any other relevant information.

EDUCATION

Type of School	Dates		Name and address of school	Major Course of Study	Graduate Yes/No	Diploma/Degree Earned
	From Mo/Yr	To Mo/Yr				
High School						
Undergraduate						
College						
Graduate						
Professional						
Other (Specify)						

List certifications, licenses, applicable courses and duties or training relevant to the position you are seeking, i.e., CNA, Med. Cert, First Aid, CPR, Behavioral Principles & Strategies.

WORK EXPERIENCE - PLEASE ANSWER ALL QUESTIONS. Do not refer to resume, even if attached.

Start with your present or most recent job and list all your work experience. Include military experience. If you need additional space, continue on a separate sheet of paper.

PRESENT OR LAST EMPLOYER

Employer	Dates Employed From To	Work Performed
Address	Starting Salary:	
Telephone Number	Ending Salary:	
Job Title	Reason for Leaving:	
Supervisor		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

NEXT PREVIOUS EMPLOYER

Employer	Dates Employed From To	Work Performed
Address	Starting Salary:	
Telephone Number	Ending Salary:	
Job Title	Reason for Leaving	
Supervisor		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

WORK EXPERIENCE (Continued)

NEXT PREVIOUS EMPLOYER		
Employer	Dates Employed From _____ To _____	Work Performed
Address	Starting Salary:	
Telephone Number	Ending Salary:	
Job Title	Reason for Leaving	
Supervisor		
May we contact this employer? Yes _____ No _____		

NEXT PREVIOUS EMPLOYER		
Employer	Dates Employed From _____ To _____	Work Performed
Address	Starting Salary:	
Telephone Number	Ending Salary:	
Job Title	Reason for Leaving	
Supervisor		
May we contact this employer? Yes _____ No _____		

NEXT PREVIOUS EMPLOYER		
Employer	Dates Employed From _____ To _____	Work Performed
Address	Starting Salary:	
Telephone Number	Ending Salary:	
Job Title	Reason for Leaving	
Supervisor		
May we contact this employer? Yes _____ No _____		

What are your goals and how does this position fit in with your goals?

How did you hear about this Agency? Newspaper Ad Relative Friend Internet
 Employment Agency Other Mid-Atlantic Employee _____
 (Name)

STATEMENT

The following statement must be read and signed in order for your application to be considered.

I UNDERSTAND AND AGREE THAT:

The information that I provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application can be justification for refusal of employment, or, if employed, termination from Mid-Atlantic.

Any offer of employment I may receive is contingent upon my successful completion of Mid-Atlantic’s total pre-employment screening process, including, but not limited to, Mid-Atlantic’s receiving references that it considers satisfactory, receipt by Mid-Atlantic of a satisfactory background investigation, and my satisfactory completion of the required post-offer physical examination.

If employed, I will comply with the policies, rules, regulations and procedures of Mid-Atlantic, and understand that my employment and compensation is “at will” and can be terminated with or without cause or notice, at any time, at the option of Mid-Atlantic or myself. Mid-Atlantic reserves the right to add, amend or discontinue any policies, practices, procedures, benefits and services at any time.

Signature of Applicant _____ **Date** _____

APPLICANTS IN THE STATE OF MARYLAND ONLY

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.

AUTHORIZATION AND RELEASE

I hereby authorize any company, on behalf of Mid-Atlantic Human Services Corp. (Mid-Atlantic), or Mid-Atlantic itself, to procure an investigative background check or reference which I understand may include information regarding my character, general reputation, personal characteristics, conviction record (if any), driving history, or educational record. This authorization is effective whether I am now seeking employment with Mid-Atlantic or I am now currently employed with Mid-Atlantic. This report may be compiled with information from court records, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, law enforcement agencies, and any other source required to verify information that I have voluntarily supplied or to provide information relevant to my employment by Mid-Atlantic. I authorize all such sources to provide information to the company which performs these services, chosen by Mid-Atlantic or Mid-Atlantic itself. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, conviction record (if any), driving history, educational record or mode of living.

A photocopy of this authorization shall be as valid as the original.

Applicant/Employee Name and Signature

Date

Social Security Number

Driver’s License Number

State

BACKGROUND VERIFICATION DISCLOSURE

The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that, for purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, conviction record (if any), driving history, educational record or mode of living. Upon written request, additional information as to the nature and scope of the Report, if one is made, will be provided, in the event the Report contains information regarding your credit standing, credit capacity, character, general reputation, personal characteristics, conviction record (if any), driving history, educational record or mode of living.

Mid-Atlantic Human Service Corporation
Reference Check Form

Applicant's Name: _____

Position Applied For: _____

Please list a **professional** reference, excluding relatives:

Reference Name: _____ **Relationship** _____

Reference's Phone Number (_____) _____ **Years known** _____

Agency/Company Name _____

Applicants Authorization

I hereby authorize Mid-Atlantic Human Service Corporation to verify my former employment and to obtain the information requested on this form. I release you (my reference) from any liability connected with the submission of the requested information.

Applicants Signature

Date

Reference: The above named person has submitted an application with Mid-Atlantic Human Service Corporation and we would appreciate the following information:

Employed from: _____ To _____ Ending Salary: _____

Employed as: _____
Position title

Reason for separation: Discharge Lay-off Resignation Still employed

Above Average Average Below Average

Please check whether you have been the applicant's

- employer
- supervisor
- co-worker
- friend
- HR contact
- other

Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation-initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rehire this applicant? YES NO

Additional Comments: include major strengths and weaknesses:

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Signature

Date

Title

Thank you! Please fax to (410) 256-2548 Attn: Human Resources or mail to: Mid-Atlantic Human Service Corporation 9649 Belair Road Nottingham, MD 21236-1117 Attn: Human Resources

Office use only: 1 st attempt _____ 2 nd attempt _____ 3 rd attempt _____
Rec'd result on _____ Verified by (signature) _____ Printed name _____