Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

***(PLEASE PRINT)***

Date of Application:

Position(s) Applied For:

Referral Source: Advertisement Friend Relative

Walk-In Employment Agency Other

Name

Last First Middle

Address

Number Street City State Zip Code

Telephone ( ) Social Security Number / /

Do you possess a valid driver’s license? Yes No

Do you have reliable transportation? Yes No

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date

Have you ever been employed here before? Yes No If yes, give date

Are you employed now? Yes No May we contact your present employer \_\_\_\_Y / \_\_\_\_ N

Are you prevented from lawfully becoming employed in this country because of

VISA or Immigration Status? Yes No *(Proof of citizenship or immigration status will be required upon employment)*

On what date would you be available for work?

Are you available to work Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Y N

Have you been convicted of any sexual acts or abuse involving children? Y N

(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain

AN EQUAL OPPORTUNITY EMPLOYER

Veteran of the U.S. Military service? Y N If Yes, Branch

Indicate languages you speak, read, and/or write

|  |  |  |  |
| --- | --- | --- | --- |
|  | FLUENT | GOOD | FAIR |
| SPEAK |  |  |  |
| READ |  |  |  |
| WRITE |  |  |  |

List professional, trade, business or civic activities and offices held. *(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)*

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Telephone**  **( )** | **Dates Employed** | | **Work Performed** |
| **From** | **To** |
| **Address** |  |  |  |
| **Job Title** | **Hourly Rate/Salary** | |  |
| **Start** | **Final** |
| **Supervisor** |  |  |  |
| **Reason for Leaving** |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Telephone**  **( )** | **Dates Employed** | | **Work Performed** |
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| **Supervisor** |  |  |  |
| **Reason for Leaving** |  | |  |

**If you need additional space, please continue on a separate sheet of paper.**

**Special Skills and Qualifications:** Summarize special skills and qualifications acquired from employment

or other experience

Education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Elementary** | **High** | **College/University** | **Graduate/Professional** |
| **School Name** |  |  |  |  |
| **Years Completed** | **4 5 6 7 8** | **9 10 11 12** | **1 2 3 4** | **1 2 3 4** |
| **Diploma/Degree** |  |  |  |  |
| **Describe Course of Study** |  |  |  |  |
| **Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities** |  | | | |

**Honors Received**: State any additional information you feel may be helpful to us in considering your application.

**Applicant’s Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary

in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any

applicant wishing to be considered for employment beyond this time period should inquire as to whether or

not applications are being accepted at this time.

The applicant understands that neither this document nor any offer of employment from the employer

constitute an employment contract unless a specific document to that affect is executed by the employer and

employee in writing.

In the event of employment, I understand that false or misleading information given in my application or

interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and

regulations of the employer.

Signature of Applicant Date

**For Personnel Department Use Only**

Arrange Interview 🞏 Yes 🞏 No

Remarks

Employed 🞏 Yes 🞏 No Date of Employment

Job Title Hourly/Salary Rate Department

Interviewed by Date

Interviewed by Date

To Whom It May Concern:

The below mentioned individual has applied to Charles County Freedom Landing, Inc. for

Employment.

The attached for authorizes the release of information to Charles County Freedom

Landing, Inc. to verify education listed on his/her application. Please complete the

statement below and return it to me as soon as possible.

I thank you in advance for your cooperation.

Sincerely,

Name: Social Security #:

Address:

Date of Birth:

Attended: From: To:

Completed:

Credits toward: Degree in:

Graduated: Degree: In:

Date:

Applicant Name:

Address:

I authorize the release of information from any organizations relevant to certification of

past employment or education of the above-named individual to Charles County Freedom

Landing, Inc.

Date of Birth:

Social Security #:

Signature of applicant Date

Can you tell me what you know about individuals diagnosed with a serious, persistent

mentally illness?

Can you tell me why you would be an asset to Charles County Freedom Landing?

What do you consider your strengths?