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Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or status as a qualified individual with a disability.

Application will be rejected unless it is filled out COMPLETELY.

Please print or type

Position applied for: _____

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

Referral Source:

Advertisement Walk-in Relative (Name) _____ Friend
 Employment Agency For Bounty, referred by: _____ Other _____

Name: _____
(last) (first) (middle)

Address: _____
(address) (city) (state) (zip code)

Telephone#: (____) ____ - _____ Best time to call: _____am _____pm

E-mail address: _____ SSN: _____ - _____ - _____

If you are under **18 years of age** can you provide a work permit? Yes No

Are you legally allowed to work in the United States? Yes No

(Proof of citizenship or immigration status may be required upon employment.)

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify applicant from employment. Do not list convictions for which the records have been expunged.)

If yes, please explain _____

Are you a veteran of U.S. Military service? Yes No If yes, branch: _____

Dates of duty: From _____ To: _____ Rank at discharge: _____

List duties in service including special training: _____

Have you taken any training under the G.I. Bill of Rights? Yes No

If yes, what training did you take? _____

Would you be willing to relocate to this area, if necessary? Yes No

Will you be able to provide transportation to work? Yes No

Do you have a valid driver's license in this or any other state? Yes No

If yes, State and License number: _____

List any moving violations in the past 5 years. _____

EDUCATION

	School name City, State	Number of years complete	Diploma/course of study	Honors Received
Elementary				
Secondary				
College/ University				
Graduate/ Professional				

State any additional information you feel may be helpful to us in considering your application. (specialized training, apprenticeship, community service, club activities, etc.) _____

Special Skills: CPR Certified First Aid Certified Sign Language Foreign Language _____
 Typing (WPM) _____ Fluent in Computer Program(s) _____
 Supervisory _____ Health care services _____ Other _____

EMPLOYMENT EXPERIENCE

Start with your most recent job. *You must complete this section even if you attach a resume.*

1. Employer: _____ Phone: (____) ____ - ____
Address: _____ **Supervisor Name:** _____
Dates employed. From: ___/___/___ **To:** ___/___/___
Hourly rate/salary. Starting: _____ **Final:** _____ **Employed:** Part-time Full-time
Job Title/Work performed: _____
Reason for leaving: _____

2. Employer: _____ Phone: (____) ____ - ____
Address: _____ **Supervisor Name:** _____
Dates employed. From: ___/___/___ **To:** ___/___/___
Hourly rate/salary. Starting: _____ **Final:** _____ **Employed:** Part-time Full-time
Job Title/Work performed: _____
Reason for leaving: _____

3. Employer: _____ Phone: (____) ____ - ____
Address: _____ **Supervisor Name:** _____
Dates employed. From: ___/___/___ **To:** ___/___/___
Hourly rate/salary. Starting: _____ **Final:** _____ **Employed:** Part-time Full-time
Job Title/Work performed: _____
Reason for leaving: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

If no, please indicate reason: _____

May we contact the employers listed? Yes No

If no, please circle the number(s) of the employer(s) you do not wish us to contact: 1 2 3

Please list names, addresses, and telephone numbers of three persons known, **but not related and not previous employers**, to you for at least three years.

Name: _____

Address: _____

Home phone: (____) ____ - ____ E-mail _____ Work phone: (____) ____ - ____

Name: _____

Address: _____

Home phone: (____) ____ - ____ E-mail _____ Work phone: (____) ____ - ____

Name: _____

Address: _____

Home phone: (____) ____ - ____ E-mail _____ Work phone: (____) ____ - ____

Date you are available to begin work: _____

Are you available to work:

- Full-time Part-time Shift work Substitute

What hours are you available to this agency?

- | | | |
|---|----------|---------|
| A.M. Shifts (6:00am to 9:00am) | _____yes | _____no |
| P.M. Shifts (2:00pm to 10:00pm) | _____yes | _____no |
| Day shifts (flexible hours; weekends may be included) | _____yes | _____no |
| Sleepover or Awake Overnight (10:00pm to 6:00am) | _____yes | _____no |
| Every Other Weekend | _____yes | _____no |

You may exclude any answers which indicate race, color, religion, sex, or national origin from the following two questions:

List professional, trade, business or civic activities and offices held.

List any volunteer experience you have had. Include the organization name, type of work, and dates worked.

List any experience you have had relating to people labeled mentally retarded or developmentally disabled.

Comments: List any comments or qualifying statements you wish to make.

Pre-employment statement

This application is valid for only six months. If you have not been employed within 180 days of your application, you must reapply.

I consent to take future physical examinations that may be required by The Arc and/or applicable laws and regulations.

I hereby authorize The Arc to contact all past employers whom I have identified and other individuals, agencies, or entities concerning the information I have supplied on this application form and waive, release, and hold harmless such individuals, agencies, or entities from any claims arising from the information they may supply to The Arc.

I understand further that any false answers, statements, or misleading omissions made by me on this application, in connection with the above mentioned investigation or in any physical examination can be sufficient grounds for my rejection as a candidate for employment or for immediate discharge.

I authorize The Arc to conduct a criminal background check as required by State Law. I agree to allow The Arc or the party designated by The Arc to fingerprint me, if applicable, to comply with the law.

I understand that as this organization, The Arc, deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for my continuation of salary, wage, or employment related benefits, except as required by statute.

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 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.

I understand that nothing in this employment application, in The Arc's statements or personnel guidelines, or in my communications with any Arc official is intended to create an employment contract between The Arc and me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon The Arc unless it is made in writing and signed by The Arc's Executive Director. I understand that if an employment relationship is established, it is an at-will relationship and I have a right to terminate my employment at any time, and The Arc has a similar right. Any agreement to the contrary will not be valid unless it is incorporated into a writing signed by myself and The Executive Director of The Arc.

Applicant's Signature

Date

Printed name

NATIONAL BACKGROUND INVESTIGATIONS, INC.

APPLICANT RELEASE AND AUTHORIZATION FORM - GW

I hereby authorize ARC OF SOUTHERN MARYLAND or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes. PLEASE PROVIDE MINIMUM 7 YEARS RESIDENTIAL HISTORY.

Name: _____ Alias/Maiden/Other: _____
(First, Middle, Last - Print Clearly)

Signature: _____

Date of Birth: _____ Social Sec. No.: _____

Driver's Lic. No.: _____ State _____

(1) Current Addr: _____ City/State: _____

County: _____ Dates/From: _____ To: _____

(2) Previous Addr: _____ City/State: _____

County: _____ Dates/From: _____ To: _____

(3) Previous Addr: _____ City/State: _____

County: _____ Dates/From: _____ To: _____

Witnessed by: _____ Date: _____

Do Not Write Below This Line

IMPORTANT: FOR CLIENT USE ONLY - Mark an "X" for any of the following:

Would you like NBI to also check Alias/Other name given? : Yes _____ No _____
(Be advised there is an additional charge per alias name)

CRIMINAL HISTORY RECORD SEARCH:

(1)Current Address _____ (2)Previous Address _____ (3)Previous Address _____

Maryland (Statewide) _____ Maryland Traffic Court _____ Motor Vehicle Report _____
Social Security Number Trace _____ Sex Offender Registry _____ Wants/Warrants _____ Credit
Report _____ Bankruptcy _____ Federal Criminal _____ Federal Civil _____
Federal Tax Lien _____ State Tax Lien _____ Workers' Compensation _____
Civil Judgment: Upper Court _____ Lower Court _____
Verification: Education _____ License _____ Employment _____

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Position(s) applied for _____ Date _____

Referral source: ___Advertisement ___Friend ___Relative ___Walk-in ___Employment agency
___other

Name _____ Phone(____) _____
Last First Middle

Address _____
Street City State Zip Code

Affirmative Action Survey

Solely to help us comply with government record keeping, reporting and other legal requirements, we request applicants to fill out our affirmative action survey. Government agencies may require periodic reports on the age, sex, ethnic identity, disabled, and veteran's status of applicants. This data is for analysis and affirmative action purposes only. Submission of information is voluntary.

Please check which of the following applies to you:

Check one Male Female

- White (Not Hispanic or Latino)-A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (not Hispanic or Latino)-A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin regardless of race.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, Indian, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central Americas), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) - All person who identify with more than one of the above races.
- Race missing or unknown. Applies where applicant or employee fails or declines to disclose this information and a good faith determination cannot be made.

