



A Drug-Free Workplace

| <u>For Office Use Only</u> | |
|----------------------------|-----------------|
| Position: | _____ |
| Date Employed: | _____ |
| Cottage or Department: | _____ |
| Salary: | _____ Per _____ |
| Status: | _____ |
| Work Schedule: | _____ |
| Replacement: | _____ |
| Addition: | _____ |

Application for Position

Date: _____

The employment policies of TCH are to recruit and hire qualified employees without discrimination because of race, religion, creed, color, age, sex, marital status, national origin, citizenship status, ancestry, disability, veteran status, communication ability, or sexual orientation and to treat them equally with respect to compensation and opportunities for advancement - including upgrading, promotion and transfer - consistent with individual skills and the needs of The Children's Home.

Name: _____
Last First Middle

Soc. Sec. No.: _____ - _____ - _____ Tel. No.: _____

Address: _____
Street and No. City State Zip

Do you have a valid Driver's License Number? _____

What are your salary requirements? _____

EMPLOYMENT DESIRED

Position Applying For: _____ Full Time Part Time

Hours Preferred: _____ (if applicable)

11pm-7am 7am-3pm 3pm-11pm

Did we previously employ you? Yes No

If yes, give dates: _____

Date Available For Work: _____

PERSONAL

CONVICTION WILL NOT BE AN ABSOLUTE BAR TO EMPLOYMENT EXCEPT AS REQUESTED BY LAW.

Are you currently excluded, suspended, or otherwise ineligible to participate in the federal health care programs, including Medicare and Medicaid? Yes No

Have you been convicted of a criminal offense related to the provision of health care items or services and have not been reinstated in the federal health care program? Yes No

Have you ever been convicted of: A Misdemeanor (other than traffic violation) Yes No
A Felony Yes No

If yes, explain and give date of conviction: _____

Have you ever been discharged from employment? Yes No
If yes, explain: _____

Have you ever been dismissed from employment due to abuse of residents or clients? Yes No
If yes, explain: _____

How did you learn of The Children's Home? Who referred you? _____

Why are you interested in working for The Children's Home? _____

After reviewing the functions of the position you are applying for, do you have the ability to perform the essential functions of the position in a reasonable manner? Yes No

Note to Applicant: Do not answer this question unless you have been informed about the requirements of the position.

EDUCATIONAL DATA

| Name and Address of Sr. High School, College, University, Graduate School, Post Graduate School | # Of Years Attended | Major | Degree | Date |
|---|---------------------|-------|--------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Internship/Practicum

| Agency, Public-Private Clinic, Hospital, School | From | | To | | Responsibilities | Supervisor |
|--|------|-----|-----|-----|------------------|------------|
| | Mo. | Yr. | Mo. | Yr. | | |
| | | | | | | |
| | | | | | | |

List all Professional Licenses and/or Certificates

License/Certificate State-Issuing Organizations Number Date Issued

License/Certificate State-Issuing Organizations Number Date issued

PREVIOUS EMPLOYMENT RECORD (previous 5 years, if applicable)

| List more recent employment first | | | | Employer's Name/ Address/ Telephone No. | Position/Salary/Supervisor | Reason for Leaving |
|-----------------------------------|-----|-----|-----|--|----------------------------|--------------------|
| From | | To | | | | |
| Mo. | Yr. | Mo. | Yr. | Employer | Position | |
| | | | | No. & Street | Salary | |
| | | | | City, State, Zip | Sup. | |
| | | | | Employer | Position | |
| | | | | No. & Street | Salary | |
| | | | | City, State, Zip | Sup. | |
| | | | | Employer | Position | |
| | | | | No. & Street | Salary | |
| | | | | City, State, Zip | Sup. | |
| | | | | Employer | Position | |
| | | | | No. & Street | Salary | |
| | | | | City, State, Zip | Sup. | |
| | | | | Employer | Position | |
| | | | | No. & Street | Salary | |
| | | | | City, State, Zip | Sup. | |

May we contact present employer for references? Yes No

EMPLOYMENT/PROFESSIONAL REFERENCES

| | | |
|------|------------|--------------|
| Name | Occupation | Organization |
| | Phone | Address |
| Name | Occupation | Organization |
| | Phone | Address |
| Name | Occupation | Organization |
| | Phone | Address |

PERSONAL REFERENCES (Do Not Include Former Employers)

| | | |
|------|---------|---------------------|
| Name | Address | Occupation Phone |
| Name | Address | Occupation Phone |
| Name | Address | Occupation Phone |

List Friends or Relatives Employed By Us (including relatives by marriage)

| | | |
|------|-----------------------|--------------|
| Name | Cottage or Department | Relationship |
| Name | Cottage or Department | Relationship |
| Name | Cottage or Department | Relationship |

Do you have any plans for continuing your education or training? If so, what are your plans?

Describe any education or training you have received which would be applicable for work with The Children's Home.

APPLICANTS CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements shall be considered cause for dismissal. I further understand that during my orientation period, my employment and compensation can be terminated, with or without cause and without notice at any time, and that following my orientation period, my employment and compensation can be terminated at any time, with or without notice, for any reason deemed sufficient by The Children's Home. By accepting employment, I agree to these conditions.

I realize that I may undergo an investigation before or at any time of my employment, as per state law, conducted by the appropriate state and federal agencies. If I am involved in direct care, this investigation must be completed before I begin employment.

I understand that I must undergo a physical examination at my expense and a drug test at The Children's Home expense after being offered employment, but before beginning employment and that employment is conditioned upon the satisfactory results of said examination and tests.

Signature

Date

“It is unlawful in MD to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability”.

An Equal Opportunity Employer



205 Bloomsbury Avenue, Catonsville, Maryland 21228
 410-744-7310; Fax 410-744-0043
 Email: hr@thechildrenshome.net

Date: _____

To Whom It May Concern:

The applicant named below has submitted an application with our company. Please verify employment and rate the performance of this candidate below. This information will remain confidential. Thank you.

To be completed by applicant:

Applicant Name _____
 Previous Employer _____
 Address _____
 Contact Person/Supervisor _____
 Telephone Number _____
 I hereby authorize the following information to be released _____
 Applicant's Signature _____

To be completed by previous employer:

LEGEND: E = Excellent VG = Very Good A = Average F = Fair P = Poor

Please rate the following:

| FACTOR | E | VG | A | F | P | COMMENTS |
|---|---|----|---|---|---|----------|
| 1. Personal Attitude | | | | | | |
| 2. Interest in Work | | | | | | |
| 3. Interest in increasing knowledge about job | | | | | | |
| 4. Initiative | | | | | | |
| 5. Resourcefulness | | | | | | |
| 6. Cooperation | | | | | | |
| 7. Reliability | | | | | | |
| 8. Quantity of Work | | | | | | |
| 9. Quality of Work | | | | | | |
| 10. Ability to work under pressure | | | | | | |
| 11. Ability to follow routine | | | | | | |
| 12. Acceptance of supervisory authority | | | | | | |
| 13. Constructive use of time on duty | | | | | | |
| 14. Proper supervisory Channel to make suggestions and to express concerns used | | | | | | |

Would you rehire? Yes No

The information I have given is accurate to the best of my knowledge.

Information received from _____ Date _____

Authorized Signature _____ Title _____



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