

EMPLOYMENT APPLICATION

**COMMUNITY LIVING INCORPORATED
620-B Research Court
Frederick, MD 21703**

Please print all answers in ink.

Name: _____ **SS# :** ____ - ____ - ____
Last First Middle

Address: _____ **Cell Phone:** _____
_____ **Home/Other Phone:** _____
City State Zip Code

E-mail Address: _____

Indicate the position for which you are applying: _____

Date available for work: _____ Minimum acceptable salary: \$ _____

Are you seeking: Full-Time ____ Part-Time ____ Temporary ____

If part-time, specify hours and/or days available: _____

Have you ever been employed by this agency? ____ Yes ____ No. If yes, when? _____

Have you previously applied for employment here: ____ Yes ____ No. If yes, when? _____

Do you have any relatives employed by us? ____ Yes ____ No.

If yes, please list name(s), job position and location of position: _____

How were you referred to us? ____ Walk-In ____ Government Employment Agency
____ Private Employment Agency
____ Current Employee
____ Friend
____ Advertisement (what source) _____
____ Other _____

Will this be your primary or additional employment? ____ Primary ____ Additional

MILITARY EXPERIENCE

Did you ever serve in the U.S. Armed Forces: ____ Yes ____ No. If yes, what branch? _____

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

Briefly describe your duties: _____

EDUCATIONAL DATA

	Name	Address	Years Completed	Degree
High School				
College				
Graduate School				
Trade, Business Night Courses				
Other				

Please include any other information you think would be helpful to us in considering you for employment, such as skills, volunteer work, activities, accomplishments, etc.

PERSONAL REFERENCES

(NOT FORMER EMPLOYERS OR RELATIVES)

NAME AND OCCUPATION: _____

ADDRESS: _____ PHONE: _____

NAME AND OCCUPATION: _____

ADDRESS: _____ PHONE: _____

NAME AND OCCUPATION: _____

ADDRESS: _____ PHONE: _____

NAME AND OCCUPATION: _____

ADDRESS: _____ PHONE: _____

EMPLOYMENT HISTORY - HAVE YOU EVER WORKED UNDER ANOTHER NAME? ___ YES ___ NO

IF YES, PLEASE GIVE NAME AND DATES: _____

INSTRUCTIONS: PLEASE PROVIDE A COMPLETE HISTORY, LISTING ALL POSITIONS HELD, PART-TIME, AND SUMMER, USING ADDITIONAL SHEETS OF PAPER IF NECESSARY. IF SUBMITTING A RESUME, COMPLETE ALL INFORMATION EXCEPT "JOB TITLE AND DUTIES."

_____ Employer			_____ Supervisor's Name
_____ Street Address			_____ Your Job Title
_____ City	_____ State	_____ Zip Code	_____ Telephone Number
Dates employed: From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___			Salary: Start: \$ _____ End: \$ _____

Duties: _____

Reason for leaving: _____

_____ Employer			_____ Supervisor's Name
_____ Street Address			_____ Your Job Title
_____ City	_____ State	_____ Zip Code	_____ Telephone Number
Dates employed: From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___			Salary: Start: \$ _____ End: \$ _____

Duties: _____

Reason for leaving: _____

_____ Employer			_____ Supervisor's Name
_____ Street Address			_____ Your Job Title
_____ City	_____ State	_____ Zip Code	_____ Telephone Number
Dates employed: From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___			Salary: Start: \$ _____ End: \$ _____

Duties: _____

Reason for leaving: _____

INITIAL EACH ITEM AND SIGN FULL NAME AND DATE AT THE BOTTOM OF LISTING.

I understand and agree that:

- The agency has my authorization to thoroughly investigate my work and personal history. I will hold no person liable for giving or receiving information in this investigation. Initial _____
- In consideration of my employment, I agree to conform to the rules and regulations of the Agency and I understand that no department head or representative of the Agency, other than the President of the Board or the Executive Director of the Agency, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to my at-will employment status. Initial _____
- The needs of the Agency may make the following conditions mandatory: overtime, reduction of work hours, shift work, a rotating work schedule, an administrative transfer, or a work schedule other than Monday through Friday. I accept these conditions of employment. Initial _____
- If employed, I understand that my employment is for no definite period of time, and if terminated, the Agency is liable only for wages or salary earned as of the date of termination. Initial _____
- After a job offer has been made, I realize that I am required to submit to a physical examination, a drug test, and a TB Test which will confirm that I am free of communicable diseases and ability to perform job duties. Initial _____
- I realize that I am required to sign a release of information form that will be sent to a private investigation firm for a background check, and that my prospective hire and/or continued employment will be contingent upon the findings of this check. Initial _____
- I understand, I am required to submit a copy of my driving record within 30 days of employment. Initial _____
- I understand, that an offer of employment from Community Living, Inc., will be contingent on my ability to prove that I am authorized to work in the United States, as required by the Immigration Reform and Control Act of 1986. I further understand and agree that this documentation must be provided to Community Living, Inc. within three days of the commencement of my employment. Initial _____
- I, the undersigned, certify that I have read and fully comprehend this application in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading or erroneous it may result in the rejection of my application and be considered justification for dismissal if discovered at a later date.
- I, the undersigned, acknowledge that I have reviewed the job description for the position I am applying for and I am able to perform the functions of the position.
- In submitting this application, I further understand that it becomes the property of Community Living, Inc. and will not be returned.

Signature of Applicant

Date Signed

COMMUNITY LIVING, INC.
620B Research Drive, Frederick, MD 21703

REFERENCE CHECK SENT TO:

Regarding Applicant: _____

Social Security No. _____

Employed by you _____

FROM: _____ TO _____

In the position of: _____

The above applicant has applied for a position as _____ at Community Living, Inc., and in the signed statement below gives you permission to release information relative to his/her qualifications and suitability for the position sought. Since the reference check is one of the essentials of employment, your prompt response will be appreciated.

Human Resources Director

I have read this reference form and hereby state my understanding of and consent to Community Living, Inc., conducting a background reference check in connection with my application for employment. I authorize the agency to request information relative to my qualifications and suitability for employment. By my signature, I do authorize current and prior employers to release information and agree to hold same harmless in doing so.

APPLICANT SIGNATURE

Are the dates of employment and job title noted above correct? _____ Yes _____ No (if no) _____

Did applicant terminate of his/her own free will? _____ Yes _____ No

Would you be willing to re-employ this individual? _____ Yes _____ No

Do you know of any reason that this person should not be hired to work with individuals with disabilities?

_____ Yes _____ No

CHECK RATING

POOR FAIR GOOD EXCEL.

COMMENTS

	<i>POOR</i>	<i>FAIR</i>	<i>GOOD</i>	<i>EXCEL.</i>	<i>COMMENTS</i>
Quantity of Work					
Quality of Work					
Knowledge of Employers Policies & Procedures					
Initiative on the Job					
Skill in Directing Others					
Response in Emergency or Crisis					
Attendance					
Conduct with Supervisors					
Conduct with Co-Workers					
Conduct with Clients					

Any additional comments, which would aid us in evaluating this applicant, would be appreciated:

DATE _____ **NAME** _____ **TITLE** _____

COMMUNITY LIVING INC.
Background Investigation
Applicant Release and Authorization Form

I hereby authorize Community Living, Inc. or other 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 or volunteer purposes. I hereby fully release and discharge Community Living, Inc., or other authorized representatives of the company 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 of Seven (7) Years of Residential History Below
If necessary, attach an additional sheet of paper

Name: _____ Alias/Other Names Used: _____
(First, Middle, Last – print clearly)

Date of Birth: _____ Social Security Number: _____ Telephone Number _____

Drivers License Number: _____ State Issued: _____

(1) Current Address: _____ City/State/Zip: _____

County: _____ Dates/ From: _____ To: _____

(2) Previous Address: _____ City/State/Zip: _____

County: _____ Dates/ From: _____ To: _____

(3) Previous Address: _____ City/State/Zip: _____

County: _____ Dates/ From: _____ To: _____

(4) Previous Address: _____ City/State/Zip: _____

County: _____ Dates/ From: _____ To: _____

(5) Previous Address: _____ City/State/Zip: _____

County: _____ Dates/ From: _____ To: _____

(6) Previous Address: _____ City/State/Zip: _____

County: _____ Dates/ From: _____ To: _____

(7) Previous Address: _____ City/State/Zip: _____

County: _____ Dates/ From: _____ To: _____

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

Community Living Inc.
AFFIRMATIVE ACTION DATA RECORD

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As an employer with Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Please Print

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone	Social Security #		Date of Birth

Referral Source: (check one)

- Walk-In Friend Relative Employee Govt. Employment Agency
- Private Employment Agency Advertisement _____ Other _____
(source)

Sex: (check one)

- Male Female

Ethnic Origin: (check one)

- White Black Hispanic Amer. Indian/Alaskan Native Asian/Pacific Islander Other

Check If Any Of The Following Are Applicable:

- Vietnam Era Veteran Disabled Veteran Disabled Individual

Data record submitted to Human Resources Director, entered in computer and filed on: _____