



**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.

**PLEASE PRINT**

Name: \_\_\_\_\_  
Last First Middle

Soc. Sec. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and No. City State Zip

Do you have a valid Maryland Driver's License? \_\_\_\_\_

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: \_\_\_\_\_

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**PERSONAL**

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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



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**PERSONAL REFERENCES (Do Not Include Former Employers)**

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Name	Address	Occupation Phone
Name	Address	Occupation Phone
Name	Address	Occupation Phone

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

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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?

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

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**APPLICANTS CERTIFICATION AND AGREEMENT**

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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



The Children's Home  
 205 Bloomsbury Avenue  
 Catonsville, Maryland 21228  
 (410) 744-5603  
 fax:(410) 455-0071  
 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 Channels 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: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
 Title: \_\_\_\_\_



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15. Personal Attitude						
16. Interest in Work						
17. Interest in increasing knowledge about job.						
18. Initiative						
19. Resourcefulness						
20. Cooperation						
21. Reliability						
22. Quantity of Work						
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24. Ability to work under pressure						
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Address \_\_\_\_\_

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Please rate the following:

FACTOR	E	VG	A	F	P	COMMENTS
29. Personal Attitude						
30. Interest in Work						
31. Interest in increasing knowledge about job.						
32. Initiative						
33. Resourcefulness						
34. Cooperation						
35. Reliability						
36. Quantity of Work						
37. Quality of Work						
38. Ability to work under pressure						
39. Ability to follow routine						
40. Acceptance of supervisory authority						
41. Constructive use of time on duty						
42. Proper supervisory Channels to make suggestions and to express concerns used.						

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