

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No Month and Year _____ Location _____			Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Position Desired			If not, employment is subject to verification
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If hired, can you show proof of your legal right to work in the United States?			When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				Yes No	
	College				Yes No	
	Business/Trade/ Technical				Yes No	
	High School				Yes No	
	Elementary				Yes No	

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion, or national origin.)

EQUAL OPPORTUNITY EMPLOYER

The Treatment and Learning Centers is an equal opportunity employer and selects the best matched individual for the job, based upon job-related qualifications, regardless of race, color, creed, sex, national origin, age, disability, or other protected groups under state, federal, or local Equal Opportunity Laws.

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying:		
<hr/> <hr/>		

ADDITIONAL QUESTIONS	
Have you ever been terminated from employment or asked to resign? If so, please explain.	
<hr/> <hr/>	
What was your previous address?	How long at present address? _____ Years
	How long at previous address? _____ Years

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," describe in full.	
<hr/>	
State names of relatives and friends working for us, other than your spouse.	
<hr/>	
Can you perform the job for which you have applied with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

For Employer Use Only

R E F E R E N C E C H E C K	Employer	Person Contacted	
	1		
	2		
	3		
	4		

T E S T R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W R E S U L T S	Interviewer Name and Comments

WAIVER

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I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. The Treatment and Learning Centers (TLC) will make a thorough investigation of my entire work history, education, and law enforcement records, and may verify all data given in my application of employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by TLC and I release from liability any persons giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
3. I understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for no definite period of time and that The Treatment and Learning Centers can change wages, benefits and conditions at any time.
4. I understand that, if employed, I will have access to confidential patient information. I may not make reference to that information without permission of the client and written approval of the Executive Director, as I may be held accountable for any violation thereof.
5. Although management makes every effort to accommodate individual preferences, service needs may at times make the following conditions mandatory: overtime, a rotating work schedule, or a work schedule other than 9:00 a.m. to 5:00 p.m. I understand and accept these as conditions of my continuing employment.

I UNDERSTAND THAT 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 OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

Signature
of Applicant _____

Date _____

VOLUNTARY SELF-IDENTIFICATION FORM

We are subject to certain governmental recordkeeping and reporting requirement for the administration of civil rights laws and regulations. In order to comply with these laws, we invite our applicants and employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Employee Name _____ Employee Number _____

Employee Signature _____ Date ____/____/____

I understand the reason for this request for voluntary self-identification as stated above and choose to decline.

or

I understand the reason for this request for voluntary self-identification as stated above and have opted to complete this form.

Gender: Male Female

Race/Ethnicity:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Yes No

If you answered **No** to the question above, please select the appropriate designation below:

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.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples 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, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native 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, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

If you have any questions regarding this form, please contact the Human Resource Department.