



11431 CRONHILL DRIVE, SUITE C  
OWINGS MILLS, MARYLAND 21117

PHONE: (410) 363-8550  
FAX: (410) 363-6417

### APPLICATION FOR EMPLOYMENT

(Please Print)

Position Desired: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSONAL:**

Name: (Last, First, Middle)		
_____		
Address:		Apartment Number:
_____		_____
City:	State:	Zip Code:
_____	_____	_____
Social Security Number:	Phone Number:	Alternate Phone Number:
_____	_____	_____
Email Address: _____		

On what date would you be available to begin work: \_\_\_\_\_

Have you previously filed an application with us? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you over twenty-one (21) years of age? \_\_\_\_\_ Birthdate (optional): \_\_\_\_\_

How did you learn of our organization? \_\_\_\_\_

If you are responding to an ad, which ad? \_\_\_\_\_

Please list any friends or family members who work for Progress Unlimited, Inc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime or received a verdict of anything other than not guilty?

(other than a minor traffic violation)?  Yes  No

If yes, please explain (Conviction will not necessarily disqualify you from employment):

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

School Name & Address	Course of Study	Number of Credits Completed	Did you Graduate?	Degree
High School: _____ _____ _____				
College: _____ _____ _____				

**Applicant's Statement**

**“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. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment and that my employment with the Company is at-will.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my rejection as a candidate or discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that any offer of employment with the Company is contingent upon the results of a background investigation conducted by an outside investigator and I hereby authorize such an investigation to be made.

I also understand that if hired, I am required to provide documentation verifying employment eligibility.

I understand that my continued employment is dependent upon successful completion of the agency's training requirements, including but not limited to, orientation training required for all new hires. Time frames for completion of orientation training will be established by the Executive Director. Any required certification renewals are the responsibility of the employee. Employees who allow their certification to expire are subject to discipline, up to and including termination of employment.

If hired, I understand that a pre-employment physical examination may be required.

I understand and agree that I may be tested for job related reasons for the use or abuse of any controlled dangerous substance or alcohol at anytime during my employment with the agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMPLOYMENT HISTORY:** (Please list your last 3 jobs)

Company Name		Telephone (    )	
Address			
Employment Dates From:                      To:		Hourly Rate	Supervisor
Job Title & Description of Work _____ _____ _____			
Reason for Leaving _____			

Company Name		Telephone (    )	
Address			
Employment Dates From:                      To:		Hourly Rate	Supervisor
Job Title & Description of Work _____ _____ _____			
Reason for Leaving _____			

Company Name		Telephone (    )	
Address			
Employment Dates From:                      To:		Hourly Rate	Supervisor
Job Title & Description of Work _____ _____ _____			
Reason for Leaving _____			