



180 Krider Church Road
 Westminster, MD 21158-4307
 410-848-4124 410-876-2422
 Fax: 410-876-5317

Application For Employment

(Please Print or Type)

AN EQUAL OPPORTUNITY EMPLOYER

The Arc of Carroll County, Inc. considers all applicants for employment on the basis of qualifications and without regard to race, color, religion, sex, age, national origin, marital status, veteran status, disability, sexual orientation, or any other legally protected status.

GENERAL DATA

POSITION APPLIED FOR _____ DATE _____

Full-Time _____ Part-Time _____ Contractual/Seasonal _____

Name _____
 Last First Middle

Home Phone No. _____ Work Phone No. _____ Social Security No. _____

Cell Phone No. _____ E-mail _____

Present Address _____
 Street City State Zip

Have you worked at The Arc of Carroll County before? Yes _____ No _____

Date: From _____ to _____ Name of Department _____

If you are under 18 years of age can you provide required proof of your eligibility to work? Yes _____ No _____

Are you legally qualified to work in the United States? Yes _____ No _____
 (Proof of citizenship or immigration status will be required upon employment)

Days and hours available to work(check all that apply):

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
Overnight							

Please identify where you learned about employment opportunities with The Arc of Carroll County(Check all that apply)

_____ Newspaper Ad (Name of Paper) _____ College Career Office
 _____ Employee Referral (Name of Employee) _____ Arc Web Site
 _____ State Employment Service Other (Please Specify) _____
 _____ Business and Employment Resource Center

If offered a position, what date would you be available to begin work? _____

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?

Yes _____ No _____ (If you have any questions about the essential functions of the job, please ask the interviewer before answering this question)

DRIVER LICENSE DATA

If you are applying for a position requiring a drivers license, complete the following section:

License Identification No. _____ State _____ Class _____ Expiration _____

Has your license been suspended or revoked in any state? Yes _____ No _____ If yes, indicate which state, date and reason:

EXPERIENCE

Briefly explain any experience you have working with or caring for children or adults with developmental disabilities.

EMPLOYMENT HISTORY

Give employment record as completely as possible starting with your present or last employer.
Attach additional sheets if necessary.

NOTE: THIS APPLICATION MUST BE COMPLETED WHETHER OR NOT A RESUME IS SUBMITTED.

1. Employer/Firm	Address	Date Start	Date Finish
	Telephone	Salary Start	Salary Finish
Type of Business	Reason for Leaving	Full-time _____	Part-time _____

Title of Position and Duties:

Immediate Supervisor	Title
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2. Employer/Firm	Address	Date Start	Date Finish
	Telephone	Salary Start	Salary Finish
Type of Business	Reason for Leaving	Full-time _____	Part-time _____

Title of Position and Duties:

Immediate Supervisor	Title
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3. Employer/Firm	Address	Date Start	Date Finish
	Telephone	Salary Start	Salary Finish
Type of Business	Reason for Leaving	Full-time _____	Part-time _____

Title of Position and Duties:

Immediate Supervisor	Title
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4. Employer/Firm	Address	Date Start	Date Finish
	Telephone	Salary Start	Salary Finish
Type of Business	Reason for Leaving	Full-time _____	Part-time _____

Title of Position and Duties:

Immediate Supervisor	Title
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5. Employer/Firm	Address	Date Start	Date Finish
	Telephone	Salary Start	Salary Finish
Type of Business	Reason for Leaving	Full-time _____	Part-time _____

Title of Position and Duties:

Immediate Supervisor	Title
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Have you ever been convicted of a crime (excluding minor traffic violations)? Note: Convictions of a crime will not necessarily bar employment. Yes _____ No _____ If yes, please explain: _____

Date of conviction (year) _____ Do not report any conviction for which the records have been officially expunged.

MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS ON THIS FORM. IF YOU HAVE NOT FILLED IT OUT COMPLETELY, IT MAY RESULT IN THE REJECTION OF THIS APPLICATION.

PRE-EMPLOYMENT STATEMENT

(Please read carefully and sign statement below)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interview, may result in refusal of employment, or, if employed, termination from The Arcs employ, regardless of the timing or circumstances of discovery.
2. Any offer of employment may receive from The Arc is contingent upon my successful completion of the companys total preemployment screening process, including the companys receiving references that it considers satisfactory, and my satisfactory completion of any criminal record check and post-offer preemployment medical examination that the company may require. I hereby consent to having the results of any post offer preemployment or post employment medical exams I may be required to take disclosed to The Arc. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of all preemployment tests/checks will result in withdrawal of any employment offeror termination of employment if already employed.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to random alcohol or drug screening. I hereby consent to have the results of any such alcohol or drug screening I may be required to undergo disclosed to The Arc.
4. I understand that submission of an application does not guarantee employment. In processing my application for possible employment, the company may verify all the information provided by me.
5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. In consideration of my employment, I agree to comply with the policies, rules and procedures of The Arc and understand that the employer follows an employment at will policy and that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either The Arc or myself. I further understand that no manager or representative of The Arc has my authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing.
7. I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must complete and submit a new application.

Signature _____ Date _____

By signing above, I acknowledge that I have read, understood, and agreed to the above statement.

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes _____ No _____