



Application for Employment

DATE OF APPLICATION: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Present Address: _____
Street City State Zip code

Alternate Address: _____
Street City State Zip code

Contact Information: _____
Home Telephone Mobile (Cell) Phone Email

How did you learn about our company?

SPECIAL QUESTIONS Have you ever worked with individual with developmental disabilities? Yes No

Are you 21 years or older? Yes No Do you have a valid Maryland Driver's License? Yes No

Are you a U.S. citizen or alien authorized to work in the United States? Yes No

Have you been convicted of a felony or misdemeanor in the last 7 years? Yes No

If yes, please describe: _____

EMPLOYMENT DESIRED

POSITION SOUGHT: _____ Available Start Date: _____

Desired Pay Range: _____ Are you currently employed? _____
Hourly or Salary

If so, may we inquire of your present employer? Yes No

Have you ever applied to this agency before? Yes No When? _____

EDUCATION

	Name and Location	Graduate? # of years attended	Major/Subject
High School			
College			
Specialized Training, Trade School, etc.....			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

PREVIOUS EXPERIENCE/FORMER EMPLOYER

Please list, beginning from most recent

Dates Employed	Company Name	Location	Role/Title/Position

Job notes, tasks performed and reason for leaving: _____

Dates Employed	Company Name	Location	Role/Title/Position

Job notes, tasks performed and reason for leaving: _____

Dates Employed	Company Name	Location	Role/Title/Position

Job notes, tasks performed and reason for leaving: _____

Dates Employed	Company Name	Location	Role/Title/Position

Job notes, tasks performed and reason for leaving: _____

REFERENCE

Give the names of three (3) people NOT related to you, whom you have known over one year.

Name	Phone Number	Business	Year known

OTHER INFORMATION

Have you ever taken the MTTP (Medication Technician Training Program)? Yes No

If so, when _____ and which agency provided the training _____.

Have you ever been disciplined or had employment termination for abusing or neglecting a developmentally

disabled individual? Yes No. If yes, When _____ and where _____ and in

what capacity _____.

*****For Office Use Only*****

Data Interviewed: _____ Interview By: _____

Time of Interview: _____ Time Interview Ended: _____

Do you recommend this individual for employment with the agency? Yes No

Give reasons:

Position Hired for:

Pay Rate: \$_____ per hour

Date of Hire _____