



EMPLOYMENT APPLICATION

11350 McCormick Road – Suite 1100 Hunt Valley, Maryland 21031 (410) 484-4540 FAX (410) 771-3235

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Please advise us if any special accommodations are required in order to assist you in the application process.

Position(s) Applied For	Salary	Date
How Did You Learn About Us?		

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home ()	Cellular ()		

Email Address: _____ Are you over 18 years of age? [] Y [] N

Do you have a relative working here? [] Y [] N If yes, provide name _____

Have you ever been employed with us before? [] Y [] N If Yes, give date(s) _____

Is there anything that would interfere with your attendance/punctuality if you were offered a job? [] Y [] N
If Yes, please describe. _____

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y [] N
If no, describe the functions that cannot be performed. _____

Have you ever been discharged or asked to resign by a previous employer? [] Y [] N
If Yes, please describe: _____

Have you been convicted of a crime or received a verdict other than not guilty in any criminal investigation? [] Y [] N
If yes, describe the conviction: _____

When are you available for work? _____ [] Full Time [] Part Time [] PRN/Float Pool

Days of Week available _____ Hours available _____

Education

	Name/Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
College				
Graduate/Professional				
Trade/Business				
Other (Specify)				

Employment History (Start with your present or last job and list all employers for the last ten (10) years.)

Employer	Dates Employed		Work Performed
Address	<u>From</u>	<u>To</u>	
Telephone Number(s)	Salary		
Job Title	<u>Starting</u>	<u>Final</u>	
Reason for leaving	May we contact? [] Y [] N		
Employer	Dates Employed		
Address	<u>From</u>	<u>To</u>	
Telephone Number(s)	Salary		
Job Title	<u>Starting</u>	<u>Final</u>	
Reason for leaving	May we contact? [] Y [] N		
Employer	Dates Employed		
Address	<u>From</u>	<u>To</u>	
Telephone Number(s)	Salary		
Job Title	<u>Starting</u>	<u>Final</u>	
Reason for leaving	May we contact? [] Y [] N		
Employer	Dates Employed		

Information for Applicant (Read Carefully Before Signing)

By my signature below, I agree to the following:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal, if discovered at a later date.

I hereby agree to submit to any lawful drug testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising United Cerebral Palsy of Central Maryland, Inc. (UCP/CM): (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; (2) whether I can perform the job without posing a direct threat to the health or safety of myself or others.

In addition, I authorize UCP/CM to conduct a thorough investigation of my past employment and activities, agree to cooperate in such investigation and unconditionally release from all liability or responsibility all persons and corporations requesting or supplying such information. I authorize any former employer, present employer, police department, physician, or hospital, creditor finance bureau(s) or office(s), schools (colleges) and/or any other person or persons to give any information or records that they may have concerning my past work record, past record of criminal convictions (unless expunged), past medical records, past credit reports, past educational records and any other information which bears on my character and my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that to the extent permitted by applicable law my employment is terminable-at-will, that I am not being employed for any specified time and that this application is not intended to be a contract for continued employment. I understand that I have the right to terminate the employment relationship for any reason with or without cause at any time, and UCP/CM reserves the right to do the same.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

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 EMPLOYEE WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

I have read this Employment Application and I fully understand its contents.

Applicant (Please Print)

Signature of Applicant

Date