



Head Start of Washington County, Inc
 325 W. Memorial Blvd., Hagerstown, MD 21740
 Tel: (301) 733-0088 Fax: (301) 733-6370

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. We are an equal opportunity employer.

Date: **Position Applied For:**

Name:

Address:

Home Phone: Mobile Phone:

Email Address:

EDUCATION:

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
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High School

Undergraduate College

Graduate College

Other (Specify)

WORK EXPERIENCE:

Start your your present or last employer. Include any job-related military service assignments and volunteer activities. You may exclude specific reference to organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer:	Dates Employed:	To:
Address:	Starting Salary:	Ending:
	Supervisor:	
Phone:	Work Performed:	
Job Title:		

Employer:	Dates Employed:	To:
Address:	Starting Salary:	Ending:
	Supervisor:	
Phone:	Work Performed:	
Job Title:		

WORK EXPERIENCE (Continued):

Employer:	Dates Employed:	To:
Address:	Starting Salary:	Ending:
	Supervisor:	
Phone:	Work Performed:	
Job Title:		

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

Additional Information/Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience):

Personal/Professional References (Do Not Include Family Members):

Name	Telephone	Best Time to Call	Occupation
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BACKGROUND INFORMATION:

*Have you ever been convicted of any violation of law ?

Yes No

Have you ever been convicted of any crime of violence against a person/or child, or sexual offense or assault against a child ?

Yes No

Are you currently charged with any crime of violence against a person/or child, or sexual offense or assault against a child?

Yes No

Are you currently under investigation by law enforcement or social service agency for child abuse, child neglect, or assault on a child ?

Yes No

Has a confirmed finding or indicated child abuse ever been made against you by a social service agency as a result of an investigation into an alleged act of child abuse committed by you?

Yes No

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

Have you ever filed an application with us before? Yes No If Yes, give date:

Do any of your friends or relatives work here? Yes No If Yes, Please list names:

BACKGROUND INFORMATION (Continued):

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment)

Date available to work: Interested in working: Full-Time Part-Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

APPLICANTS STATEMENT & TERMS OF ACCEPTANCE:

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at employment decision.

This application for employment shall be considered active for a period of time not to exceed I year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is on an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

I understand that if selected for employment, a criminal background check must be completed as well as a pre-employment medical evaluation as set forth in the State of Maryland Child Care Licensing Regulations.

I understand that checking this box and typing my name in the Digital Signature Box constitutes a legal signature and confirms that I acknowledge and agree to the Applicants Statement & Terms of Acceptance.

Digital Signature of Applicant

Date

REFERENCE REQUEST RELEASE OF INFORMATION

I voluntarily give Head Start of Washington County, Inc. permission to make a thorough investigation of my past employment and all other facts stated on my completed application. I authorize information regarding my employment to be released to Head Start of Washington County, Inc.

Name of Applicant

Social Security Number

Signature of Applicant

Date

Applicant does not write below this line. Return reference form with application.

The above named person has applied for employment with our agency as an _____.

PLEASE FILL OUT THE SECTION INDICATED. THANK YOU

EMPLOYER SECTION:

The person above has listed you as his/her current/past Employer. The information given to us will be held strictly confidential. If you have information that you would rather not put in writing, please call Human Resources Manager at (301) 733-0088. We appreciate your prompt attention to this matter.

Position Held: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Eligible for Rehire: Yes No If no, explain _____

Please rate the applicant on the following characteristics, if possible:

	Poor	Fair	Good	Excellent
Quality of Work				
Quantity of Work				
Attendance				
Cooperation with others				
Dependability				
Personality for working with young children				

ADDITIONAL COMMENTS:

Signed by: _____

Title: _____

Date: _____

PERSONAL or PROFESSIONAL REFERENCE:

The person listed above has listed you as a Personal or Professional Reference. Please take a minute and provide us with the following information. The information provided is strictly confidential and will not be disclosed to anyone other than our Human Resource Dept.

How do you know?: _____

How Long?: _____ Do you feel them to be dependable? _____

How do you feel their personality is with working with young children? _____

Additional Comments: _____

EMPLOYER REFERENCE - OFFICE USE ONLY

Contacted by Phone: Contacted by Mail Contacted by Fax **Contact Name:** _____

Signature: _____ Date: _____

PLEASE COMPLETE THIS PAGE AND THE PAGE UNDERNEATH TO WHICH IT IS ATTACHED

“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

I understand that checking this box and typing my name in the Signature Box constitutes a legal signature and confirms that I acknowledge and agree to the above terms.

Signature _____

Date _____

(THIS STATEMENT MUST BE ATTACHED TO ALL EMPLOYMENT APPLIATION IN THE STATE OF MARYLAND)