



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

## APPLICATION FOR EMPLOYMENT

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*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:

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### EDUCATION:

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

High School

Undergraduate College

Graduate College

Other (Specify)

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### 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: |                  |         |

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

## WORK EXPERIENCE (Continued):

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

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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:

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**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

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**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)