

Application for Employment

Homestead Manor
410 Colonial Drive
Denton, MD21629

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, or any other legally protected status

Position(s) Applied For

Date of Application

How did you hear about us?

- Advertisement Friend Relative Inquiry
 Employment Agency Other _____

Last name

First name

Middle name

Address

Number

Street

City

State

Zip code

Phone Number

Social Security Number (voluntary)

Best time to contact you at home is?

If you are under 18 years of age, can you provide required proof of eligibility to work?

Yes No

Have you ever filled in an application with us before? If yes, give date:

Yes No

Have you ever been employed by us before? If yes, give date:

Yes No

Do any of your friends or relatives, other than spouse, work here?
If yes, state name, relationship and location

Yes No

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?

Yes No

Proof of citizenship or immigration status will be required upon employment

Date available to work

What is your salary range?

Are you available to work:

Full time Please indicate: 1 2 3 shifts

Part time Please indicate: Mornings Afternoons Evenings

Temporary Please indicate dates available: From: To:

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

Can you travel if a job requires it? Yes No

EDUCATION

School	Name & Address of School	Course of Study	No. of years completed	Diploma \ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

WORK EXPERIENCE

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

Employer: Address:

Telephone: Starting/Present Job Title:

Supervisor: Reason for leaving:

Dates Employed: From: To:

Hourly Rate Salary: Starting: Final:

Work performed:

May we contact? Yes No

Employer: Address:

Telephone: Starting/Present Job Title:

Supervisor: Reason for leaving:

Dates Employed: From: To:

Hourly Rate Salary: Starting: Final:

Work performed:

May we contact? Yes No

Employer: Address:

Telephone: Starting/Present Job Title:

Supervisor: Reason for leaving:

Dates Employed: From: To:

Hourly Rate Salary: Starting: Final:

Work performed:

May we contact? Yes No

Employer: Address:

Telephone: Starting/Present Job Title:

Supervisor: Reason for leaving:

Dates Employed: From: To:

Hourly Rate Salary: Starting: Final:

Work performed:

May we contact? Yes No

Comments: Include explanation of any gaps in employment

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

Describe any job-related training in the United States military

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal age, race, religion, national origin, ancestry, disability or other protected status

Additional information - OTHER QUALIFICATIONS

Summarize special job related skills and qualifications acquired from employment or other experience.

SPECIAL SKILLS - (Skills Equipment Operated)

Terminal

Spreadsheet

PC/MAC

Word Processing

Typewriter WPM

Shorthand WPM

Production / Mobile Machinery

Other

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT REQUIREMENTS OF THE JOB FOR WHICH YOU HAVE APPLIED.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

PERSONAL / PROFESSIONAL REFERENCES

Name	Phone Number	Best time to call	Occupation

Do not include family members or past supervisors

APPLICANTS STATEMENT

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 an employment decision.

This application for employment shall be considered active for the period of time not to exceed 45 days. 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 of 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.

Submit By Email