

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or handicap.

Chesapeake Center, Inc.
410-822-4122

(Please Print / Type)

Date of Application ___ / ___ / ___

Position(s) Applying for: _____

Referral Source:

___ Advertisement ___ Friend ___ Walk-In ___ Relative
___ Employment Agency ___ On-line ___ Newspaper ___ Other

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone (_____) _____ - _____ Social Security Number _____ - _____ - _____

Cell Phone Number: (_____) - _____ - _____ Email: _____

___ Full Time ___ Part Time ___ Temporary

- On what date would you be available for work? _____
- Have you ever been employed here before? () Yes () No If yes, give date/location. _____.
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? () Yes () No (Proof of citizenship is required upon employment.)
- Have you been convicted of a felony within the past 7 years? () Yes () No (Conviction will not necessarily disqualify applicant from employment.)
If yes, please explain. _____.
- Do you have any friends, relatives, or acquaintances working for Chesapeake Center () Yes () No If yes, state name and relationship _____.
- In order to work in this position, you must submit to a criminal background check for allegations of abuse/neglect. Is this agreeable? () Yes () No
- Do you have a current valid driver's license? () Yes () No Any points? _____
- Have you had a driver's license for at least 3 years? () Yes () No
If yes - Can you furnish a 3 year history of your MVA record? () Yes () No
- Can you drive across The Bay Bridge? () Yes () No
- This agency requires pre-employment drug screening and random testing during employment. Is this agreeable? () Yes () No

- In order to work this position, you must have a pre-employment physical exam with TB test, and annual TB test. Are you willing to supply this? () Yes () No
- Have you received the 3 part Hepatitis B? () Yes () No
Provide doctors documentation of Hepatitis B? () Yes () No
- Do you have any physical condition, or physical defects, which may inhibit you from performing the particular job you are applying for? () Yes () No
If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it. _____.
- New hires are required to complete all trainings before working. In order to work in this position, you must attend and complete; In-house Staff Trainings as scheduled, Hand-Out Trainings and On-line Trainings as required. If this is a problem, please comment.

- Are you a Certified Medication Technician on the MD Board of Nursing (CMT)?
() Yes () No
*The Board of Nursing requires an application, photo and \$30 payment to become registered. The Board also requires court documents to explain any/all charges, convictions, penalties for misdemeanor and felony crimes. **These documents must be presented to the Instructor on the first day of MTTP class.** Are you willing to comply with the Board's requirement?
() Yes () No
- Can you work with pets of our individuals? Dogs? _____ Cats? _____ Fish? _____
- Are you a Veteran of US Military Service? () Yes () No What branch? _____

Special Employment Notice to Disabled Veterans, Vietnam, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment. Qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

*If you wish to be identified, please sign below.

_____ Handicapped Veteran _____ Disabled Veteran _____ Vietnam Era Veteran

Sign _____

Application for Employment

Date of Application _____

Position(s) Applied for _____

Name _____
Last First Middle

Employment Experience

Start with your present job. Exclude organizational names which indicate race, color, religion, sex or national origin.

1. Employer _____ Phone _____
Address _____
Supervisor _____ Job Title _____
Reason for leaving _____
Dates Employed From _____ To _____
Hourly Rate/Salary Starting _____ Final _____

2. Employer _____ Phone _____
Address _____
Supervisor _____ Job Title _____
Reason for leaving _____
Dates Employed From _____ To _____
Hourly Rate/Salary Starting _____ Final _____

3. Employer _____ Phone _____
Address _____
Supervisor _____ Job Title _____
Reason for leaving _____
Dates Employed From _____ To _____
Hourly Rate/Salary Starting _____ Final _____

4. Employer _____ Phone _____
Address _____
Supervisor _____ Job Title _____
Reason for leaving _____
Dates Employed From _____ To _____
Hourly Rate/Salary Starting _____ Final _____

Education

	School Name	Years Completed	Dates Attended	Degree
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
College/Univ	_____	_____	_____	_____
Graduate/Prof.	_____	_____	_____	_____

Briefly list your recent employment experience, military service, and/or volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin. Please state reason for leaving.

Give name, address and telephone numbers of three personal references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

List professional, trade, business or civic activities and office held (you may include those which indicate race, color, religion, sex, or national origin.)

Describe Specialized Training, Apprenticeship Skills, Extra-Curricular Activities, and Honors Received.

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

The job may involve caring for adults with developmental disabilities developmentally disabled adults in a home / work setting. Are you willing to perform the following duties?:

- | | |
|--|---|
| <input type="checkbox"/> prepare meals | <input type="checkbox"/> help consumers learn housekeeping chores |
| <input type="checkbox"/> bathe individuals | <input type="checkbox"/> plan & execute community outings |
| <input type="checkbox"/> assist with shaving / showering | <input type="checkbox"/> play in-house table games |
| <input type="checkbox"/> clean up toilet accidents | <input type="checkbox"/> support them to be successful at their job |
| <input type="checkbox"/> other | |

Most positions involve evenings and some weekends. Check the shift hours you are available to work:

Chesapeake Center, Inc.

Personal Support Services / Individual Support Services

CCI: Monday - Friday - 8am - 4pm ____
Monday - Friday - 8:30am - 4:30pm ____

PSS/ISS: Monday - 12n - 8pm ____
Tuesday - 12n-8pm ____
Thursday - 12n - 8pm ____
Friday - 12n-8pm ____
Saturday - 10am - 6pm ____
Sunday - 11am-7pm ____

Chesapeake Group Homes

Chesapeake Bay Industries / Chesapeake Developmental Unit

CGH: Monday - Friday - 2pm-10pm ____
Monday -Friday - 10pm-8am ____
Saturday/Sunday - 8a-8p ____
Saturday/Sunday - 8p-8a ____
Monday - Friday - 5:30am - 7:30am ____
Monday - Friday - 4pm - 8pm ____

CBI/CDU: Monday - Friday - 7:30a-3:30pm
(Flexible) ____

OTHER _____

Applicant's Statement

“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 EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

SIGNATURE _____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

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

Signature of Applicant _____ **Date** _____

Only Sign at bottom of Page for Reference Verification

CHESAPEAKE CENTER, INC.
P.O. BOX 1906
EASTON, MD 21601
410-822-4122/FAX 410-822-4184

REQUEST FOR REFERENCE

TO: _____ DATE: _____

RE: _____

S.S.#: _____

The above named has applied for employment at Chesapeake Center, Inc. and has given your name as a (work/personal) reference. I would appreciate your completing this form and returning it to me in the enclosed stamped, self-addressed envelope. Your responses will be held in strict confidence.

Thank you,

Jen Willey
Human Resource Director

	Superior	Above Avg.	Average	Unacceptable
Quality of Work/Competency	_____	_____	_____	_____
Quality of work/Initiative	_____	_____	_____	_____
Attitude/Cooperation	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Ability to Get Along With Others	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____
Supervisory Skills (If applicable)	_____	_____	_____	_____
Overall Job Performance	_____	_____	_____	_____

Position Held: _____ Date of Employment: _____ to _____

Reason for Leaving: _____

Would you rehire? Yes _____ No _____

May I follow-up with a phone call? Yes _____ No _____

Signature of Person Completing Form _____ Date _____

I, the undersigned, do hereby authorize you to provide Chesapeake Center, Inc. with the information requested above, and to furnish any or all information with regard to my employment record. I hereby release all such employers, including their representative and agents, for all liabilities for any damage whatsoever for furnishing information.

Signature of Applicant _____ Date _____

Only Sign at bottom of Page for Reference Verification

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Signature of Applicant Date