

Employment Application



Position(s) Applied for: _____	Date of Application: _____
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APPLICANT NOTE: (Please Print Plainly) DO NOT SUBSTITUTE A RESUME FOR ANSWERING QUESTIONS ON THIS APPLICATION. We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

How did you learn about us?

- Advertisement
 Employment Agency
 Friend
 Relative
 Walk-In
 Other _____

Personal

Name: _____
Last First Middle

Social Security #: _____ Home Phone: _____ Work Phone: _____

Current Address: _____
Street City State Zip

Prior Address: _____
Street City State Zip

In case of emergency, notify: Name: _____ Phone Number: _____

Address _____ Relationship: _____

List states and counties of residence for the past seven years. _____

- Yes No Have you used any names or Social Security Numbers other than those on this page? If so, please list on back.
 Yes No Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below.
 (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

- 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.

- Yes No Do you have any relatives currently employed by us? If yes, give name of relative and relationship to you.

Availability

What date can you start? _____ What category would you prefer? Full-time Part-time Temporary

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Other _____

Were you previously employed by us? _____ If yes, when? _____
 (with Constant Care Med. Ctr. or West Balto. Health Ctr.)

Reason for leaving before: _____

Education

School Name and Location	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed																	
Diploma/Degree (If GED, Please Indicate)																	
Date of Graduation																	
Describe Course of Study																	
List Trade Schools and describe any specialized training, apprenticeship, skills and extra-curricular activities.																	

Employment 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, handicap or other protected status.

1.	Employer		Dates Employed		Describe Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Describe Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Describe Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Describe Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

Job Related Skills

NOTE: Do not fill out any part of this section you believe to be not related.

List languages in which you are fluent. _____

Yes No If the job requires, do you have the appropriate valid drivers license?
DL# _____ Type _____ State of issue _____

Yes No Have you had any moving violations? Please describe. _____

Please list professional licensure or certification that may be job-related or that you feel would be of value to the job or company. _____

Yes No Can you perform the requirements of this job without accommodation?
If no, please explain accommodations needed on back page.

References

Include only individuals familiar with your work ability such as previous supervisors or managers. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

Military Record

BRANCH OF SERVICE		FROM	TO	RANK AND DUTIES	DATE DISCHARGED
ARE YOU NOW ENROLLED IN MILITARY SERVICE?		<input type="checkbox"/> YES	BRANCH:	RANK:	LOCATION:
		<input type="checkbox"/> NO			YEARS ENROLLED

Office Equipment Operation

* Please check below the equipment you have experience in operating?

Typewriter/Word Processor _____ What is your typing speed? _____
(wpm)

Computers _____ What type of equipment? _____

Software _____ What type? _____

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

Employment with Total Health Care, Inc. (THC) is not for a specific term and it can be terminated, by either the employee of THC, with or without cause and with or without notice, at any time. Nothing in THC, Personnel Policies and Procedures or any Employee Handbooks should be construed to modify or alter the employment relationship which is at the will of both THC and its employees.

The language used in the Personnel Policies and Procedures or any Employee Handbook is not intended nor should it be constructed to create a contract, express or implied between THC and its employees.

Certification and Release

I certify that I have made true, correct, and complete answers and statements on my employment application and any supplements to it and in any interview(s) in the knowledge that they will be relied upon in considering my application for employment.

I understand and agree that any omission, false statement, or misleading statement or answer made by me on my application or any supplements to it and in any interview(s), will be sufficient ground for rejection of employment and my discharge after employment. I further understand and agree that my employment is an at will employment relationship and is not for a definite term or duration and that either THC or I can terminate my employment at any time with or without any reason and that if I am so terminated, THC will not have any further obligation or liability to pay me for any future salary and/or for any other benefits.

I hereby consent and authorize Total Health Care and its designated representative to investigate my education, employment, driving, criminal, credit record, personal character, etc., as they may deem appropriate in arriving at any employment decision. I give consent to my educators, employers, and references to provide education, job related information, and personal character information, etc., concerning me to Total Health Care and its designated representative. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. My signature below indicates that I have read, understood, and agree to the above statements.

Signature of Applicant

Date

NOTICE

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.

I have read the above.

(Signature of Applicant)

Date

Please Print

Date: _____

Position(s) applied for: _____

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected reason.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this survey is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this survey is optional. If you choose to volunteer the requested information please note that all Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security No.: _____

Current job: _____

Check one: Male Female

Check one of the following:

- | | | |
|--------------------------------|-----------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other | <input type="checkbox"/> Asian/Pacific Islander |

Check if any of the following are applicable:

- | | | |
|--|---|---|
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Handicapped Individual |
|--|---|---|

Birthdate: _____

Disclosure and Release

Total Healthcare may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your Workers compensation, education and/or employment history conducted by Accutrace, Inc. P.O. Box 624, Bryn Mawr, PA 19010 or by contacting us at 1-888-54 -TRACE or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Accutrace, Inc. or another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

< Please Print Clearly >

Applicant's Name: _____
First M.I. Last

Signature: _____ **Date:** ____mm/____dd/____yyyy

Date of Birth (mm/dd/yyyy)		Social Security No
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Driver's License No.	state
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PROFESSIONAL LICENSE/CERTIFICATE NUMBER	STATE	PROFESSION
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SCHOOL/UNIVERSITY NAME	DEGREE/DIPLOMA TYPE	DATE RECEIVED
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Current Address _____ city _____ state _____ zip _____
 No. of Years at Current Address _____
 Previous Addresses within the Past 7 Years (Use back if additional space is needed)

Address _____ city _____ state _____ zip _____

Address _____ city _____ state _____ zip _____