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**MARYLAND COMMUNITY CONNECTION  
 EMPLOYMENT APPLICATION**

Application Date: \_\_\_\_\_

Name:	
Social Security Number:	
Address:	
City, State, Zip Code	
County	
Home Telephone:	
Business Telephone:	
Cell Telephone:	
Email Address:	
Position Applied For:	
How Did You Find Out about the Position?	

**Availability**

I am interested in:     Full Time             Part-Time  
                                   Contractor             On-Call / Substitute

Hours Available: \_\_\_\_\_  
 Days of Week Available: \_\_\_\_\_

On what date would you be available for work: \_\_\_\_\_  
 Salary Requirements Per Hour: \_\_\_\_\_

How did you hear about position? \_\_\_\_\_

If you have a valid driver's license, complete the following:

License Number: \_\_\_\_\_  
 State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Work Experience**

A resume may be included giving a more detailed description of work performance or a listing of additional jobs. If you submitted a resume to supplement your work history, you must still answer the questions on this form about dates, salaries, titles, and reason for leaving.

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Present or Most Recent Position: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone Number: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Current Salary: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Average Hours Per Week: \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Do you have any objection to our contacting your present supervisor?  Yes  No  
If yes, please state reason: \_\_\_\_\_

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Former Position: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone Number: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Average Hours Per Week: \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Do you have any objection to our contacting your supervisor?  Yes  No  
If yes, please state reason: \_\_\_\_\_

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Former Position: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone Number: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Average Hours Per Week: \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Do you have any objection to our contacting your supervisor?  Yes  No  
If yes, please state reason: \_\_\_\_\_

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**Education**

Did you graduate from High School? \_\_\_\_\_(Yes or No)

Name, Location and Date Graduated: \_\_\_\_\_

College or University Give name & location	Major Field of Study	Dates Attended		Degree & Date	Credits Completed
		From	To		

**Training/Skills/Certifications**

Describe any specialized training, skills, or certifications.

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**References**

List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Work Experience.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, State, and Zip Code)	BUSINESS OR OCCUPATION	TELEPHONE NUMBER

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

If you answer “Yes” give details in space provided below showing (1) Date; (2) Charge; (3) Place; (4) Court; and (5) Action Taken:

Note: Convictions or discharges do not necessarily disqualify you from employment. Each case will be considered fairly on its merits and after full consideration of the applicant’s views.

Within the last five years, have you been fired for any reason? \_\_\_Yes \_\_\_No

Within the last five years, have you quit a job after being notified that you would be fired?  
\_\_\_Yes \_\_\_No

If "Yes", give details in space provided below.

**NOTE: UNDER THE IMMIGRATION CONTROL ACT OF 1986, AN EMPLOYER IS REQUIRED TO HIRE ONLY U.S. CITIZENS AND LAWFULLY AUTHORIZED ALIEN WORKERS. APPLICANTS WHO ARE SELECTED FOR EMPLOYMENT WILL BE REQUIRED TO SHOW AND VERIFY AUTHORIZATION TO WORK IN THE UNITED STATES.**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job related medical condition or disability, or any other legally protected status.

I, (Print Name) \_\_\_\_\_ give Maryland Community Connection permission to verify all references listed and to obtain verification from employers of employment dates, reasons for separation, results of performance evaluations, and any other information relevant of verification of performance.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

I hereby acknowledge that I have read and understand this application. I also hereby affirm that this application contains no willful misrepresentations or falsifications and that the information contained herein is true and accurate to the best of my knowledge. I understand should investigation at any time disclose any misrepresentation or falsification of information contained in this document, my application will be disapproved and my name removed from any further consideration for employment. I also understand that should I be offered employment and accept a position with Maryland Community Connection and it is subsequently discovered that the information provided herein is false, I may be terminated from employment immediately.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_