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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.

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: _____

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: _____

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: _____

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.

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: _____