

The Maryland Salem Children's Trust, Inc.
605 Salem Drive
Frostburg, MD 21532

Phone: (301) 689-8176
Fax: (301) 689-1902

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____

Please attach your resume

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application.

PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions is intended to imply illegal references or discrimination based upon non-job-related information.

Are you seeking: Full-time _____ Part-time _____ Temporary _____

When could you start work? _____

Name _____
(Last) (First) (Middle)

Address _____
(Number & Street) (City) (State & Zip)

Telephone _____
(Home) (Business)

Email Address: _____

If applying for the position of Teaching Parent or Overnight Awake, are you at least 21 years old?
__Yes__No (If you are hired, you may be required to submit proof of age)

Have you ever been convicted of a felony? __Yes__No If yes, please explain:

Do you have a valid driver's license? ____Yes ____No State: _____

Have you ever been charged with a driving violation? ____Yes ____No If yes, please explain:

How did you find out about Salem? _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.** If more space is needed, please continue Work History on a separate sheet of paper.

Name of Employer _____ Supervisor _____

Address _____ Employed from _____ to _____

City, State, Zip Code _____ Pay: Start\$ _____ Final\$ _____

Telephone (_____) _____ Title: _____

Duties: _____

Reason for Leaving _____

Name of Employer _____ Supervisor _____

Address _____ Employed from _____ to _____

City, State, Zip Code _____ Pay: Start\$ _____ Final\$ _____

Telephone (_____) _____ Title: _____

Duties: _____

Reason for Leaving _____

Name of Employer _____ Supervisor _____

Address _____ Employed from _____ to _____

City, State, Zip Code _____ Pay: Start\$ _____ Final\$ _____

Telephone (_____) _____ Title: _____

Duties: _____

Reason for Leaving _____

EDUCATION

List Name and Address of Schools

	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED: _____ _____		
College or University (undergraduate): _____ _____ <i>Major:</i> _____		
College or University (graduate): _____ _____ <i>Speciality:</i> _____		
Vocational or Technical: _____ _____ <i>Subjects Studied:</i> _____		

What skills or additional training do you have that are related to the job for which you are applying?

How many days of work have you missed during the past year?
(Exclude absences due to disability or those covered by FMLA) _____

REFERENCES

Give four (4) references: two (2) professional and two (2) personal. Do not list relatives.

Name	Email Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Applicant Authorization:** I hereby authorize and request the above-named person to furnish the information contained in the telephone reference check. I hereby release him/her from all liability on account of furnishing such information to Salem.

Signature

Have you worked or attended school under any other names? Yes_____ No_____

If yes, give names:_____

Are you presently employed? Yes_____ No_____

If yes, whom do you suggest we contact?_____

Have you ever been fired from a job or asked to resign? Yes_____ No_____

If yes, please explain:_____

IN CASE OF EMERGENCY NOTIFY

(Name)

(Telephone #; Day, Evening)

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that if I am extended an offer of employment with Salem, it will be contingent upon receipt of satisfactory:

- | | |
|---|-------------------------------------|
| 1) Personal/Professional References | 4) Child Protective Services |
| 2) Medical Examination | 5) Driving Record |
| 3) Criminal Background Check | 6) Drug Screening |
| 7) Official Transcript/License (Professionals) | |

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand and, by my signature, consent to these statements.

Signature

Date

It is the policy of The Maryland Salem Children’s Trust to ensure equal opportunity to all individuals regardless of race, color, national origin, handicap or age.

The Maryland Salem Children’s Trust, Inc.’s hiring practices and EEO statement are fully in compliance with both federal and state law. Federal law creates an exception to the “religion” component of the employment discrimination laws for religious organizations, and permits them to give employment preference to members of their own religion. The Maryland Salem Children’s Trust, Inc. is in that category.

This application for employment will remain active for a limited time. Ask the organization representative for details.

"UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINTUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00"

Signature

Date

(This statement must be attached to all employment applications in the State of Maryland)