



EMPLOYMENT APPLICATION

DRUM HEALTHY FAMILIES is an equal opportunity employer. We consider applicants without regard to race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, or the presence of a non-job-related medical condition, and by law any other protected class.

Instructions: Please complete this application in ink and answer all questions that apply to you. Do not substitute a resume.

Personal Information

LAST NAME	FIRST NAME	MIDDLE NAME	E-MAIL ADDRESS
HOME ADDRESS		CITY, STATE, ZIP	CELL OR ALTERNATE #

Are you known to schools/references by another name? Yes No If yes, by what name? _____

Are you prevented from lawfully becoming employed in the U.S. because of visa or immigration status?

Yes No (Proof of eligibility will be required upon an offer of employment.)

Are you over 18 years of age? Yes No If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you previously applied for employment with **DRUM**? Yes No If yes, when? _____

What position? _____

Have you ever worked for **DRUM**? Yes No If yes, when? _____ What job titles? _____

What was your reason for leaving? _____

List friends or relatives employed by **DRUM**: _____

Employment Information

POSITION(S) DESIRED	DATE AVAILABLE	OTHER TYPE OF WORK OF INTEREST
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Are you currently employed? Yes No May we contact your present employer? Yes No

Are you available to work (check all that apply): Full Time Part Time Temporary Intern

If a job requires it, what percentage of time can you travel? _____

Education

	Name of School	Address (City,State,Zip)	Major Course or Subject	Years Complete (circle)	Dipl./GED Y/N
High School	_____	_____	_____	1 2	
	_____	_____	_____	3 4	
College or University	_____	_____	_____	1 2	_____
	_____	_____	_____	3 4	
Graduate School	_____	_____	_____	1 2	_____
	_____	_____	_____	3 4	
Other Education and Training	_____	_____	_____		_____
	_____	_____	_____		

Please note any special skills, home care experience, knowledge, medical or technical training, licenses, certifications, honors, or other information that you believe would be helpful in considering this application. _____

Employment History *(Complete every item; use additional paper, if necessary)*

EMPLOYER NAME AND ADDRESS		PHONE #	TYPE OF BUSINESS		
PRESENT OR LAST POSITION	JOB TITLE	FROM (date)	TO (date)	FINAL SALARY	
SUMMARIZE YOUR DUTIES					
REASON FOR LEAVING			NAME OF SUPERVISOR		
WHAT DO/DID YOU LIKE <u>MOST</u> ABOUT THIS POSITION?					
WHAT DO/DID YOU LIKE <u>LEAST</u> ABOUT THIS POSITION?					

EMPLOYER NAME AND ADDRESS		PHONE #	TYPE OF BUSINESS		
PRESENT OR LAST POSITION	JOB TITLE	FROM (date)	TO (date)	FINAL SALARY	
SUMMARIZE YOUR DUTIES					
REASON FOR LEAVING			NAME OF SUPERVISOR		
WHAT DID YOU LIKE <u>MOST</u> ABOUT THIS POSITION?					
WHAT DID YOU LIKE <u>LEAST</u> ABOUT THIS POSITION?					

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PRESENT OR LAST POSITION	JOB TITLE	FROM (date)	TO (date)	FINAL SALARY
SUMMARIZE YOUR DUTIES				
REASON FOR LEAVING		NAME OF SUPERVISOR		
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WHAT DID YOU LIKE <u>MOST</u> ABOUT THIS POSITION?				
WHAT DID YOU LIKE <u>LEAST</u> ABOUT THIS POSITION?				

References (Please give names and telephone numbers of three work references not previously listed)

Name	Work Relationship	Phone #	Authorize to contact	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF APPLICATION

If employed by DRUM Healthy Families, I agree to review and abide by the Organization’s policies and related guidelines, which are subject to change and may be amended, revised, or rescinded by DRUM Healthy Families at anytime. I also understand and agree that my employment is terminable at will. Both DRUM Healthy Families and I remain free to end our work relationship at any time and for any reason. Nothing in writing or DRUM Healthy Families practices is intended to create an expressed or implied contract of employment for any term between the Organization and me or implied contractual right to any benefit or other term or condition of employment.

It is the policy of DRUM Healthy Families to prohibit its employees from engaging in any activity, practice, or conduct which conflicts with, or appears to conflict with, the interests of the Organization or the families and community it serves. It is the employee’s responsibility to alert his/her supervisor if there is evidence of a conflict. I am aware of and acknowledge my responsibility concerning this policy.

I hereby acknowledge that I have read and understand everything on this application. Any offer of employment is contingent upon verification of the information that I have provided. I hereby certify that the information I have given is, to the best of my knowledge, true and correct. I understand that misrepresentation or omission of facts on this application, in my interview (s), or in the process of my pre and post-employment evaluation whenever discovered, may result in rejection of my application or termination of employment. I authorize investigation of all statements contained in this application. Information gained upon investigation from third parties also may include information as to my character and general reputation. I understand that drug screening and testing is a part of the application and continued employment process. I release from any liability DRUM Healthy Families, its representatives, and third parties for furnishing such information on request.

My signature certifies that I have read and agree with all the above statements.

Applicant Signature _____ Date _____

MARYLAND POLYGRAPH STATEMENT:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED 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.

For Administrative purposes only:

Date received: _____

Interview scheduled Yes No

Date of Interview _____

Interview with: _____

Applicant Status:

Position offered and accepted

Applicant considered

No position available, but applicant put in active file

Application rejected (reason: _____)