

Hours available to work: _____

Are you legally authorized to work in the United States? Yes No

Have you ever applied for a position with us? Yes No If "yes," when? _____

Have you worked for Chimes before? Yes No If "yes," indicate starting and ending dates, position, facility, and name of supervisor: _____

Do you have a relative(s) working here? Yes No If "yes," state the name(s) and relationship: _____

In case of emergency, notify: _____

Address: _____

Phone Number: _____ What is the relationship to you? _____

Do you currently possess a valid driver's license from your state of residence? Yes No
If so, what state? _____ Driver's License No. _____

Has your license ever been revoked? Yes No Number of years driving experience: _____
If "Yes," provide details: _____

Do you have a car available that can be used for driving while at work? Yes No (*Employees are frequently required to use their car in fulfilling job responsibilities.*)

Do you currently have points on your driving record? Yes No If so, how many? _____

Have you had an accident in the last five (5) years which was caused by your fault? Yes No
If "Yes," please explain: _____

Have you ever been discharged (fired) or forced to resign from any employment? Yes No
If "Yes," please explain: _____

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

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name(s) that you previously have used? Yes No If "Yes," identify name(s) and relevant dates: _____

May we contact your present employer? Yes No Please identify any exceptions and reasons for not contacting: _____

EDUCATIONAL DATA

Highest Educational Level

What is your highest level of education achieved? _____

Enter the name of this school: _____

Enter the city and state where this school is located: _____

What was your major course of study? _____

Did you graduate: Yes No Still Attending Enter number of years completed: _____

Other Education/Certifications

Do you have any trade, business, night OR correspondence certificates? Yes No

If "Yes," what type of certificate do you have? _____

Name of school: _____

Address of school: _____

Select all **CURRENT** certifications you possess: Medication Administration CPR First Aid
 CNA GNA LPN

List other trainings you have received: _____

List any other special qualifications and skills: _____

List any other information or outside experience you wish considered: _____

PROFESSIONAL REFERENCES

Please provide the name, address and telephone number of three people who are not related to you and who previously supervised your work. If you do not have employment references, list educational, professional, or volunteer references.

1. Reference Name: _____
Years Known: _____ E-mail: _____ Daytime Phone: _____
What kind of reference is this? Employment Educational Professional Volunteer

2. Reference Name: _____
Years Known: _____ E-mail: _____ Daytime Phone: _____
What kind of reference is this? Employment Educational Professional Volunteer

3. Reference Name: _____
Years Known: _____ E-mail: _____ Daytime Phone: _____
What kind of reference is this? Employment Educational Professional Volunteer

OTHER INFORMATION

For **Maryland and Virginia** applicants: Are you at least 18 years old? Yes No Not Applicable

For **Delaware** applicants: Are you at least 21 years old? Yes No Not Applicable

If offered a position, will you agree to submit to a pre-employment drug screen? Yes No

If offered a position, will you agree to grant Chimes permission to conduct a background search to include employment history, education, civil and criminal history and any other public records relevant to determine eligibility for employment? Yes No

If offered a position in **Virginia or Delaware**, do you agree to take a Mantoux Tuberculin Skin Test (PPD) for Tuberculosis? Yes No Not Applicable

If applying for a position at **Chimes School in Maryland**, and if offered a position, do you agree to take a Mantoux Tuberculin Skin Test (PPD) for Tuberculosis? Yes No Not Applicable

Do you know of anything that would limit your ability to perform the essential functions of the job for which you have applied or as described to you? Yes No

If "Yes," what accommodation would you like us to consider that would enable you to perform those functions? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

(An affirmative response will not automatically disqualify you from being considered as a candidate for employment). If "Yes," please specify (using a separate sheet of paper if necessary) the following:

1. The crime of which you were convicted: _____
2. The month and year in which your conviction occurred: _____
3. The location of the court where the conviction occurred: _____
4. The sentence you received (money fine, period of incarceration): _____
5. Whether any weapon was used in the commission of the crime: _____
6. Any facts and circumstances that you believe should be considered by Chimes as part of its consideration of your application: _____

Thank you for completing this information and for your interest in employment with our organization. Please note, if you have misstated or omitted material information on your Application for Employment, your conditional offer of employment shall be revoked and you will be ineligible for further employment with our organization. If such misstatement or omission is discovered after you have been employed, your employment, at the discretion of Chimes, may be terminated.

Print Your Name

Your Signature

Date

APPLICATION FOR EMPLOYMENT (continued)

Applicant Waiver

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I hereby agree to submit to any lawful drug, integrity or other testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. **For Maryland applicants: 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.**

Any time after a conditional offer of employment or during employment, if hired, I authorize any licensed healthcare practitioner to release information advising Chimes: (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; (2) whether I can perform the job without posing a direct threat to the health or safety of myself or others.

I authorize any of the persons or organizations referenced in the Application for Employment that I have completed for Chimes to give Chimes any and all information concerning my previous employment, education, or any other information they might have regarding my ability to perform the duties of the position for which I have made application. I release all such persons or organizations from all liability for any damage that may result from furnishing such information to Chimes. I authorize Chimes to request and receive such information, and I further understand that an authorization will accompany any such request for information. I request that any persons or organizations contacted by Chimes provide such information as may be requested.

In consideration of my employment and my being considered for employment by Chimes, I agree to conform to the rules and regulations of the Agency and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the Agency at any time, at the Agency's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of the Agency.

I understand that no representative of Chimes, other than the Personnel Officer, has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

I UNDERSTAND THAT TO THE EXTENT PERMITTED BY APPLICABLE LAW MY EMPLOYMENT IS TERMINABLE AT-WILL, THAT I AM NOT BEING EMPLOYED FOR ANY SPECIFIED TIME, AND THAT THIS APPLICATION IS NOT, AND IS NOT INTENDED TO BE, A CONTRACT FOR CONTINUED EMPLOYMENT. I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP FOR ANY REASON WITH OR WITHOUT CAUSE AT ANY TIME, AND THE AGENCY RESERVES THE RIGHT TO DO THE SAME.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

I understand that applicable regulations require police and other official record checks to determine if there is any previous conviction which would render a potential employee unsuitable to work with persons with intellectual and/or developmental disabilities. As an applicant for employment with Chimes, I am hereby voluntarily granting my full permission to Chimes to complete a police records check on me, including fingerprinting. I understand that in the event I refuse to grant my permission for this verification to be completed, I will not be considered for employment. I also acknowledge and agree that any offer of employment which is made to me is expressly conditional upon receipt by Chimes of satisfactory background information and verification of the information which I have submitted with this Application for Employment. If Chimes ascertains that my background information is unsatisfactory, or if I have misstated or omitted material information on this Application for Employment, my conditional offer of employment shall be revoked and I will be ineligible for further employment with Chimes.

I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was made.

Signature of Applicant

Date

For verification purposes, list the **last four** digits of your Social Security Number.

Signature of Agency Representative

Date