

<u>Ray of Hope, Inc.</u> "Be Your Best" 163 N. Mechanic St. Cumberland, MD 21502 PH: 301-722-4560 ~ Fax: 301-722-1403

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, or the presence of a non-job-related medical condition and/or handicap.

ГЕ:				
ME:				
JDRESS:	Street (Include A	pt. Number)		
		State		
HONE NO):			
OCIAL SE			DATE OF BIRTH:	
EMPLOY	MENT DESIR	<u>ED</u>		
OSITION: _				/HOUR
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EMPLOYMENT EXPERIENCE

Start with your present or last job; include military service assignment and volunteerism.

Employer	Start Date	End Date	Work Performed	Salary/Hourly Wage

<u>SPECIAL SKILLS AND QUALIFICATIONS:</u> (Summarize special skills and qualifications acquired from employment or other experience(s):

EDUCATION

	Name & Location	Years Attended	Graduate? Degree
Grammar School			
High School			
College			
Trade or Other			

REFERENCES

Give the name of three (3) persons not related to you and are not previous employers.

<u>NAME</u>	ADDRESS	BUSINESS	<u>PHONE</u>

Why are you applying for a position with Ray of Hope, Inc.?

What experiences have you had that have prepared you to work here?

Of your last employers, who will give you the best reference? Why?

Ray of Hope, Inc. 163 N. Mechanic St. Cumberland, MD 21502 I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. Including authorization for a criminal background check.

I understand and agree that I may be required to take a physical examination. I agree to consent to take such test(s) at such time as designated by the company and to release to the company, its director(s), officers, agents, or employees from any arising in connection with the use of such test(s).

YES _____ NO _____

I have been advised that lie detector tests, as a condition of hiring or continued employment are prohibited by law.

YES _____ NO _____

The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70 years of age.

Date: _____

Signature: _____

Ray of Hope, Inc.	
163 N. Mechanic St.	
Cumberland, MD 21502	

CREDENTIALCHECK

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for employment, I authorize CREDENTIALCHECK and their respective agents, to solicit information about my criminal background.

I AUTHORIZE, WITHOUT RESERVATION, ANY GOVERNMENT AGENCY CONTACTED BY BURNS INVESTIGATIVE SERVICES OR THEIR RESPECTIVE AGENTS TO FURNISH THE ABOVE REFERENCED INFORMATION.

I release CREDENTIALCHECK Services, their respective employees, agents and government agencies providing information or reports about me from any and all liability arising out of the release of any such information or reports.

*Please press firmly and print clearly.

NAME (Print)		
NAME (Print)	(MIDDLE) (LA	ST)
CURRENT ADDRESS		
COUNTY	CITY	STATE
ZIP CODE	NUMBER OF YEA	ARS AT THIS ADDRESS
PRIOR ADDRESS		
		STATE
ZIP CODE	NUMBER OF YEA	RS AT THIS ADDRESS
LIST ANY OTHER STATES YO	U HAVE RESIDED IN DU	RING THE LAST 10 YEARS INCLUDING
COUNTIES:		
		DATE OF BIRTH
DRIVERS LICENSE #	STATE OF ISSUE	
EXPIRATION DATE	SOCIAL SE	CURITY NUMBER
NAME OF MOST RECENT EM	PLOYER	
ADDRESS		
		STATE
ZIP CODE	# OF YEARS EMPLOYED AT THIS ADDRESS	
SIGNATURE		DATE
WITNESS _ Jenn Dziuk, Director of Pr		

Return to: Ray of Hope, Inc. Jenn Dziuk, Director of Programs Phone: 301-722-4560 ext.100, FAX: 301-722-1403 jdziuk@rayofhope-md.org

Ray of Hope, Inc 163 N. Mechanic St. Cumberland, MD 21502 301-722-4560

Health Questionnaire

Name: (Print) Date of Birth
Social Security No
Address:
Name & Telephone of person to contact in case of illness or emergency:
Do you currently carry hospitalization or medical insurance? YesNo Name of Company
Are you currently under medical treatment? YesNo If yes, please explain:
Do you have any physical restrictions (lifting, pushing, pulling, etc.) that could interfere with your direct care work? YesNo
Do you grant permission to contact physicians or other professionals presently assisting you with medical and/or mental health problems? YesNo
Current Physician, their address and phone number:
Have you had any Worker's Comp claims in the last 3 (three) years? Yes No f yes, please explain:
*Ray of Hope, Inc. does not have "light duty" or physically restricted work. We cannot guarantee that direct care will not involve lifting or other physical demands. Applicant understands that by signing this form they are made aware that Ray of Hope does not offer light duty work and if they should become employed with our agency that lifting WILL BE required.
Applicant signature:
Date: