



APPLICATION FOR EMPLOYMENT

Date of Application _____ Social Security Number (optional) _____

Print Name _____

Address _____
Street or P.O. Address City State Zip Code

Home Phone _____ Cell Phone _____

Position Applied for _____

Salary Requirements _____ I meet the age requirement of 21 Yes _____ No _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position.

INSTRUCTIONS TO APPLICANT

1. Please fully and accurately complete the Application for Employment. Incomplete applications will not be considered. This company will use the information given in the application to verify your previous employment and background.
2. The Application for Employment will be considered inactive after **90** days. If you wish to be considered after that time, you must complete a new Application for Employment.
3. Resumes will not be accepted in lieu of completed applications, but will be considered supplemental information.
4. Are you legally eligible to work in the U.S.? _____yes _____no If yes, authorization # _____.

READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT

1. Have you filed an application with this company before? _____yes _____no If yes, approximate date _____.
2. Have you been employed with this company before? _____yes _____no If yes, approximate date _____.
3. Have you been employed by the State of Maryland before? _____yes _____no If yes, approximate date _____.
4. Have you ever gone by another name? _____yes _____no If yes, please list the name(s) _____.
5. Do you have any relatives working for the Maryland Sheriffs' Youth Ranch? _____yes _____no If yes, please list the name of the relative and the relationship _____.
6. Have you ever been discharged or asked to resign from any previous employment? _____yes _____no If yes, please explain _____.
7. If you are hired or transferred into a position that requires the operating of a vehicle, we will require a Dept. of Motor Vehicles (DMV) investigation. Do you authorize investigation of your DMV record? _____yes _____no Has your privilege to operate a motor vehicle ever been denied, suspended or revoked? _____yes _____no State _____
Driver's license number _____ Expiration date of license _____

8. Have you ever been convicted of any violation of the law other than minor traffic violations? ____yes ____no If yes, give the date, place of conviction, charge and disposition _____

Note: A conviction record will not necessarily bar you from employment. Each application will be individually considered on its own merits, taking into account such factors as the nature and seriousness of the violation, how long ago it occurred and rehabilitation.

9. Are you currently employed? ____yes ____no If yes, explain _____

10. How were you referred to us? ____advertisement ____agency ____other – please specify: _____

11. Based on the job description, are you able to perform the essential functions of this job? ____yes ____no

Previous Employment										
Company:						Phone:	()			
Address:						Supervisor:				
Job Title:				Starting Salary:	\$			Ending Salary:	\$	
Responsibilities:										
From:			To:			Reason for Leaving:				
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company:						Phone:	()			
Address:						Supervisor:				
Job Title:				Starting Salary:	\$			Ending Salary:	\$	
Responsibilities:										
From:			To:			Reason for Leaving:				
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company:						Phone:	()			
Address:						Supervisor:				
Job Title:				Starting Salary:	\$			Ending Salary:	\$	
Responsibilities:										
From:			To:			Reason for Leaving:				
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				

References										
<i>Please list three professional references who are not related to you by blood or marriage.</i>										
Full Name:						Relationship:				
Company:						Phone:	()			
Address:										

Full Name:		Relationship:	
Company:		Phone:	()
Address:			
Full Name:		Relationship:	
Company:		Phone:	()
Address:			
Military Service			
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			
Education			
High School:		Address:	
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree:	
College:		Address:	
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree:	
Other:		Address:	
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree:	

1. Please list computer software skills _____.
2. Typing _____ WPM
3. List any special licenses or certifications you have that are related to the job for which you are applying _____.

PROFESSIONAL INFORMATION – IF APPLICABLE

1. Professional licensure _____ Effective date(s) _____
2. Registry or certification _____ Effective date(s) _____
3. Out of state licenses _____
4. Is registration or licensing pending? _____
5. To your knowledge, are you currently the subject of a complaint or are you under investigation by any professional licensure or registration body (such as a State Attorney Grievance Commission or a State Board of Nursing?) ____yes ____no If yes, please note all details known to you regarding this complaint or investigation. _____.
6. Has your license ever been suspended or revoked or have you otherwise been reprimanded, disciplined or sanctioned by any professional licensure or registration body? ____yes ____no If yes, please explain _____.

7. Are you currently the subject of any criminal or other charges that could affect your license or registration to practice in your profession if found meritorious? ___yes ___no If yes, please explain _____
8. Is any non-compete, non-solicitation, nondisclosure, or similar agreement applicable to your current activities? ___yes ___no
If yes, attach a copy of the agreement to this application.

Space for detailed answers to other questions.

Item No.	Write in left column the item number to which answers apply. (If more space is required, please attach an additional sheet utilizing the same format.)

“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT

I agree that except at the request and for the benefit of the Maryland Sheriffs’ Youth Ranch, I will not disclose to anyone or use for my own purposes any of the Maryland Sheriffs’ Youth Ranch’s confidential or proprietary information, either during or after my employment. I understand and agree that the Maryland Sheriffs’ Youth Ranch’s customer names and information and employee names and information are confidential and proprietary to this company.

I certify that this application contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I authorize the Maryland Sheriffs’ Youth Ranch to contact all sources to verify this information on this application. I understand that any falsification, misrepresentation, or fraudulent information provided by me in connection with my application for employment is sufficient grounds for withdrawal of an employment offer or immediate discharge.

I understand that if I am offered a position with the Maryland Sheriffs’ Youth Ranch, I will be required to take and pass a drug screen as a condition of being hired and that testing will be conducted in accordance with MD HEALTH-GEN. CODE ANN Section 17-214. This will be performed at the Maryland Sheriffs’ Youth Ranch’s designated medical facility. By submitting this Application for Employment, I hereby consent to said test. I further understand that if illegal drugs are found in my system, all offers of employment will be withdrawn.

I understand that this application is not a contract of employment.

I authorize and request my former employers, references, and educational institutions which have information about me, to give the Maryland Sheriffs’ Youth Ranch any and all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and release such former employers, references, and education institutions from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local government agencies to release to the Maryland Sheriffs’ Youth Ranch any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Signature of applicant _____ Date _____