



EMPLOYMENT APPLICATION

CONCERN is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the organization.

1 APPLICANT INFORMATION

Position(s) applied for: _____ Date of application: ____ / ____ / ____

Name:

Last _____ First: _____ M.I. _____

Address: _____

Street

City

State

Zip Code

Email: _____ Telephone #: _____ Other Phone #: _____

Are you under the age of 18? Yes No **(NOTE: If yes, you may be required to furnish proof of exemption or partial waiver as detailed by your State Child Labor Law.**

Can you with or without reasonable accommodation perform the essential functions of the position for which you are applying? Yes No

Are you authorized to lawfully work in the United States? Yes No Date available for work? _____

(NOTE: You will be required to provide appropriate document(s) for completion of the I-9 at the time of employment)

Have you previously filed an application with this company? Yes No If yes, gives date. _____

Have you previously been employed by this company? Yes No If yes, give dates. _____

Please list any relatives or friends who are employed at CONCERN and their relationship to you:

Type of employment desired: Full-time Part-time Scheduled Part-time Variable

Do you have a reliable means of transportation (which will enable you to be at work as required)? Yes No

Will you work overtime if asked? Yes No

If required, are you available to work evenings and weekends? Yes No

Are there any hours, shifts, or days you are unavailable to work? Yes No If yes, explain:

What are your compensation expectations? Annual Salary: _____ Other: _____



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2 SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Other Languages: (Please indicate if read, written or spoken.) _____

 ---- *If travel is not a requirement of the position for which you are applying, please skip to next section.*

Can you travel if a job requires it? Yes No

If so, do you have a valid driver's license? Yes No

3 EDUCATION DATA

Name of School	City, State	Area of Study	Last year completed				Degree or Diploma
			9	10	11	12	
High School							
College or Tech School			1	2	3	4	
College (Post-Graduate)			1	2	3	4	

4 PROFESSIONAL REFERENCE – List 4 individuals, not relatives, whom you have known at least one (1) year

Name and Address	Telephone	Email	Years Known

5 EMPLOYMENT HISTORY – Begin with current or most recent employer. Account for all time periods including unemployment, self-employment and military service. This section must be completed in full in addition to any attached resume.

Employer	Dates Employed		Immediate Supervisor / Title
	From	To	
Address			
Starting Job Title / Final Job Title	May we Contact for Reference		Telephone Number
	YES	NO	
Work Performed			
Reason for Leaving			



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Please provide an explanation for any lapse of employment



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ACKNOWLEDGMENTS - *Please read and initial each section below:*

	I certify that all information provided in this application is true, complete, and correct to the best of my knowledge. I understand that misrepresentations or omissions will be sufficient cause to cancel further consideration or immediately discharge upon discovery.
	I understand that CONCERN does not unlawfully discriminate employment and that no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on any basis prohibited by local, state, or federal law.
	This application does not constitute an agreement or contract for employment for any specified period. I understand that no supervisor or company representative is authorized to make any assurances to the contrary. If selected for employment with CONCERN, I understand that my employment is "At-Will" and that CONCERN has the right to terminate my employment with or without cause, and with no prior notice. As an employee, I can also terminate my employment with CONCERN "At Will". The At-Will nature of my employment will be retained throughout my employment with CONCERN.
	I understand that if I am offered employment, I will be required to provide proof of identity and legal authorization to work in the United States and that Federal immigration laws require me to complete an I-9 Form in this regard.
	I understand that a physical examination is a condition of employment in Maryland and may be a condition of employment in Pennsylvania and that employment may depend upon the results of that examination.
	I understand that I must be cleared through Child Abuse, Criminal Record, and FBI background checks as stipulated by Maryland or Pennsylvania State Laws and CONCERN policy. If I am offered employment, I will be required to provide the following clearances: Child Abuse, Criminal, and FBI (digital fingerprinting). All clearance reports must be issued within three (3) years of date of the offer letter.
	CONCERN will screen applicants prior to a start date and monthly, thereafter, while employed, to determine if I have been excluded from participation in Medicare, Medicaid, or any other federal health care program. If it is found that I have been excluded prior to employment, the offer of employment is null and void. If I am identified as 'excluded by any federal health care program' during our required internal verification process, I will be immediately terminated.

It is the policy of CONCERN to provide equal opportunity in employment to all employees and applicants for employment. No person is to be discriminated against in all aspects of employment because of race, religion, color, gender, genetic information, age, national origin, ancestry, handicap, union membership, high school equivalency, gender identity, sexual orientation or any other protected characteristic as established by law

Applicant Signature

Date