

**APPLICATION FOR EMPLOYMENT**

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

**Chesapeake Center, Inc.**  
410-822-4122

**(Please Print)**

Date of Application \_\_\_ / \_\_\_ / \_\_\_

Position(s) Applied for: **CCI CGH CDU CBI ISS/CSLA** \_\_\_\_\_

Referral Source:

___ Advertisement	___ Friend	___ Employment Agency
___ Relative	___ Walk-In	___ Other _____
		___ On-Line

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**(Please answer "yes" or "no" to the questions below.)**

- Are you available for:  
    \_\_\_ Full Time                      \_\_\_ Part Time                      \_\_\_ Temporary
- On what date would you be available for work? \_\_\_\_\_
- Have you filed an application here before? \_\_\_\_\_ If yes, give date. \_\_\_\_\_
- Have you ever been employed here before? \_\_\_\_\_ If yes, give date/location. \_\_\_\_\_
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? \_\_\_\_\_ (Proof of citizenship may be required upon employment.)
- Have you been convicted of a felony within the past 7 years? \_\_\_\_\_  
(Conviction will not necessarily disqualify applicant from employment.)  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_.

- Do you have any friends, relatives, or acquaintances working for Chesapeake Center  
( ) Yes ( ) No If yes, state name and relationship \_\_\_\_\_
  - In order to work in this position, you must submit to a criminal background check for allegations of abuse/neglect. Is this agreeable? \_\_\_\_ Yes \_\_\_\_ No
  - Can you travel if the job requires it? \_\_\_\_\_
  - Do you have a current valid driver's license? \_\_\_\_\_ Any points? \_\_\_\_\_
  - Are you willing to furnish your MVA record? \_\_\_\_\_
  - Have you had a driver's license for at least 3 years? \_\_\_\_\_
  - This agency requires pre-employment drug screening and random testing during employment. Is this agreeable? \_\_\_\_ Yes \_\_\_\_ No
  - In order to work this position, you must have a pre-employment physical exam with TB test, and annual TB test. Are you willing to supply this? \_\_\_\_ Yes \_\_\_\_ No
  - Have you received the 3 part Hepatitis B? \_\_\_\_ Yes \_\_\_\_ No Can you provide documentation \_\_\_\_ Yes \_\_\_\_ No If no why not? \_\_\_\_\_
- 
- Do you have any physical condition, which may inhibit you from performing the particular job you are applying for? \_\_\_\_\_ If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it. \_\_\_\_\_
- 
- Do you have any physical defects which inhibit from performing certain kind of work? \_\_\_\_\_ If yes, describe such defects and specific work limitations. \_\_\_\_\_
- 
- New hires (CGH, CSLA/ISS) are required to complete all trainings before working. In order to work this position, you must attend staff trainings during the day as scheduled and complete all online trainings as required. If this is a problem, please comment.  
\_\_\_\_\_
- 
- Are you a Certified Medication Technician (CMT)? \_\_\_\_\_
- 
- The Board of Nursing requires an application, photo and \$30 payment to become registered. The Board also requires court documents to explain any/all charges,

convictions, penalties for misdemeanor and felony crimes. **These documents must be presented to the Instructor on the first day of MTTP class.** Are you willing to comply with the Board's requirement? \_\_\_\_\_

- Are you a Veteran of US Military Service? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

**Special Employment Notice to Disabled Veterans, Vietnam, Vietnam Era Veterans,  
and Individuals with Physical or Mental Handicaps.**

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment. Qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

\_\_\_\_\_ Handicapped Veteran

\_\_\_\_\_ Disabled Veteran

\_\_\_\_\_ Vietnam Era Veteran

Signed \_\_\_\_\_

**Application for Employment**

Date of Application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

**Employment Experience**

Start with your most present, or most recent job. Exclude organizational names which indicate race, color, religion, sex or national origin.

1. Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_

2. Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_

3. Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_

4. Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_

**Education**

Elementary School Name Years Completed Dates Attended Degree \_\_\_\_\_

High School \_\_\_\_\_

College/Univ \_\_\_\_\_

Graduate/Prof. \_\_\_\_\_

Briefly list your recent employment experience, military service, and/or volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin. Please state reason for leaving.

Briefly describe educational levels you have achieved or any specialized training, skills, etc.

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

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List professional, trade, business or civic activities and office held (you may include those which indicate race, color, religion, sex, or national origin.)

Describe Specialized Training, Apprenticeship Skills, Extra-Curricular Activities, and Honors Received.

State any additional information you feel may be helpful to us in considering your application.

The job may involve caring for developmentally disabled adults in a home setting. Are you willing to perform the following duties?:

- prepare meals
- bathe clients
- assist with shaving
- clean up toilet accidents
- other \_\_\_\_\_
- help consumers learn housekeeping chores
- plan & execute community outings
- play in-house table games

Most positions involve evenings and some weekends. Check the shift hours you are available to work:

**CCI:** Monday - Friday 8am - 4pm \_\_\_\_  
Monday - Friday 8:30am - 4:30pm \_\_\_\_

**ISS/CSLA:** Monday - 12n - 8pm \_\_\_\_  
Tuesday - 12n-8pm \_\_\_\_  
Thursday - 12n - 8pm \_\_\_\_  
Friday - 12n-8pm \_\_\_\_  
Saturday - 10am - 6pm \_\_\_\_  
Sunday - 11am-7pm \_\_\_\_

**CGH:** Monday - Friday 2pm-10pm \_\_\_\_  
Monday - Friday 10pm-8am \_\_\_\_  
Saturday/Sunday 8a-8p \_\_\_\_  
Saturday/Sunday 8p-8a \_\_\_\_

**ISS/One-On-One**  
Monday-Friday 2p-10p \_\_\_\_  
Monday-Friday 10p-8a \_\_\_\_  
Saturday-8a-8p \_\_\_\_  
Sunday 8p-8a \_\_\_\_

**CBI/CDU:** Monday - Friday 7:30a-3:30pm \_\_\_\_

**OTHER** \_\_\_\_\_

**Applicant's Statement**

“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 OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

SIGNATURE \_\_\_\_\_

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by rules and regulations of the company.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

CHESAPEAKE CENTR, INC.  
P.O. BOX 1906  
EASTON, MD 21601  
410-822-4122/FAX 410-822-4184

REQUEST FOR REFERENCE

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_  
RE: \_\_\_\_\_  
\_\_\_\_\_  
S.S.#: \_\_\_\_\_

The above named has applied for employment at Chesapeake Center, Inc. and has given your name as a (work/personal) reference. I would appreciate your completing this form and returning it to me in the enclosed stamped, self-addressed envelope. Your responses will be held in strict confidence.

Thank you,

Jen Willey  
Human Resource Specialist

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	Superior	Above Avg.	Average	Unaccept.
Quality of Work/Competency	_____	_____	_____	_____
Quality of work/Initiative	_____	_____	_____	_____
Attitude/Cooperation	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Ability to Get Along With Others	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____
Supervisory Skills (If applicable)	_____	_____	_____	_____
Overall Job Performance	_____	_____	_____	_____

Position Held: \_\_\_\_\_ Date of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Would you rehire? Yes \_\_\_\_\_ No \_\_\_\_\_  
May I follow-up with a phone call? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form Date

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I, the undersigned, do hereby authorize you to provide Chesapeake Center, Inc. with the information requested above, and to furnish any or all information with regard to my employment record. I hereby release all such employers, including their representative and agents, for all liabilities for any damage whatsoever for furnishing information.

\_\_\_\_\_  
Signature of Applicant Date



CHESAPEAKE CENTER, INC.  
P.O. BOX 1906  
EASTON, MD 21601  
410-822-4122/FAX 410-822-4184

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Dependability	_____	_____	_____	_____
Ability to Get Along With Others	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____
Supervisory Skills (If applicable)	_____	_____	_____	_____
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\_\_\_\_\_  
Signature of Applicant Date

