

**APPLICATION FOR
EMPLOYMENT**

We are an equal opportunity employer. Prospective employees will receive due consideration regardless of race, creed, color, religion, sex, sexual preferences, age, national origin, disability, marital or veteran status.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Cell Telephone ()
Email Address:			
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Position Held:
Position Applying For		Yearly Earnings Desired	Are you 18yrs. of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
Have you ever been involuntarily terminated from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ _____			How did you learn about us? <input type="checkbox"/> Advertisement: <input type="checkbox"/> Walk-in <input type="checkbox"/> School: <input type="checkbox"/> Referral <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other: Name of Source: _____

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma	Year Completed
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/Trade /Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		

SKILLS

Languages spoken: English Spanish Other

Office Equipment/Machine Operation:

Professional License:

Certifications:

Software Knowledge:

EMPLOYMENT EXPERIENCE

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Employer	Dates Employed		Position Held:
		From	To	
	Address			Work Performed:
	Supervisor's Name & Telephone Number	Hourly Rate/Salary		
	Starting	Final		
Reason for Leaving				
2	Employer	Dates Employed		Position Held:
		From	To	
	Address			Work Performed:
	Supervisor's Name & Telephone Number	Hourly Rate/Salary		
	Starting	Final		
Reason for Leaving				
3	Employer	Dates Employed		Position Held:
		From	To	
	Address			Work Performed:
	Supervisor's Name & Telephone Number	Hourly Rate/Salary		
	Starting	Final		
Reason for Leaving				
4	Employer	Dates Employed		Position Held:
		From	To	
	Address			Work Performed:
	Supervisor's Name & Telephone Number	Hourly Rate/Salary		
	Starting	Final		
Reason for Leaving				

You may contact the employers listed, except for those indicated. I release all parties from liability for information furnished.

DO NOT CONTACT

Employer Number(s) _____ Reason _____

MILITARY

Did you serve in the U.S. Armed Forces? Yes No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

STATE POLICE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. Offers of employment may be subject to my passing a physical examination, including tests for alcohol or drugs. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future and that the company's policies, practices and benefits are subject to change or deletion at any time and without notice. If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature

VEHICLE OPERATION

If you are applying for a position, which requires operation of a vehicle, you must complete the following information. The Department of Transportation requires every prospective vehicle operator's driving record be checked through Motor Vehicles.

DRIVER
LICENSE
EXPERIENCE
CHECKS

Driver's License # _____ State _____

License Type _____ Class _____ Expires _____

Restrictions? _____

Have you ever held a driver's license in another State? Yes No
If "yes," in what state(s) _____

Have you ever had your driver's license revoked or suspended? Yes No
If "yes," where, when, and under what circumstances? _____

Do you have any points against your license? Yes No
If "yes," how many points? _____ For what violation(s)? _____

List any convictions for drunk or reckless driving. _____

List any vehicle accidents within the last 7 years. _____

List the type of vehicles, which you have operated. _____

Job offers to prospective vehicle operator are subject to satisfactory results from checks on vehicle operation records, a road test and passing a physical examination which includes tests for drugs and alcohol.

_____ Date

_____ Signature

All applicants must properly complete this application to be considered for employment.

Revised 1/15



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“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSEPTIVE 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.”

X

SIGNATURE

X

DATE

(THIS STATEMENT MUST BE ATTACHED TO ALL EMPLOYMENT APPLICATIONS IN THE STATE OF MARYLAND)