

Application for Employment

SanMar Children's Home Inc.
 8504 Mapleville Rd. Boonsboro, Md. 21713
 Phone: 301-733-9067 Fax: 301-733-3114
www.sanmarhome.org
hrdpt@sanmarhome.org

“WE ARE AN EQUAL OPPORTUNITY EMPLOYER”

Are you at least 21 years of age? Yes No

(One must be 21 yrs of age for any positions that work directly with the residents.)

Last Name, First Middle	Date
Street Address	Home Phone ()
City, State, Zip	Business Phone ()
E-mail address;	How did you learn about our Organization?
If less than 2 years at this address, give previous address:	Social Security No.
Have you ever applied for employment with us? Yes No If yes: Month and Year	Do you have a current driver's license? Yes No
Indicate the position you are applying for: Direct Care Staff, Maintenance Cook, Case Management, Other: _____ <div style="text-align: center; margin-top: 5px;">Name position</div>	

PLEASE READ THE FOLLOWING BEFORE COMPLETING OUR APPLICATION

1. There is no guarantee of a job offer or job interview in completing our application. Your application will be considered with others who have submitted applications and decisions about interviews will be based on this comparison.
2. This application must be completely filled out in order for it to be considered for employment.
3. If the information provided on our application cannot be verified by employment reference your application could be considered as incomplete.
4. Applications are filed according to job title. Be as specific as possible in stating the job applying for: ANY position is not an acceptable response on our application.

5. Shift positions: Be specific on the application what shifts you are available to work. If you only complete one selection and we do not have an opening on that shift you will not be contacted for an interview, as the application states, mark your first, second and third choice, if you are available for different shifts, or if you are only available for one shift, mark that one.

Shifts are:

11PM to 7AM – Awake-overnight shift

7 AM to 3PM – Day shift

3 PM to 11PM – Evening shift

Weekends: Staff is expected to be available to work every other weekend. (Saturday and Sunday)

Apart from absence for religious observance, are you available for:

Full Time work Yes No

(40 hours per week)

Will you work overtime if asked?

Yes No

Part Time work Yes No

How many hours per week?

When will you be available to begin work?

If this is a shift job, What shifts are you available to work?

11 Pm to 7 AM- _____

7 AM to 3 PM _____

3 PM to 11 PM _____

Be specific as to the shifts you are available for and note any shifts you **CANNOT** work

You may mark you first, second or third choice if you are willing to take our next available opening.

Are you available to work every other weekend on your chosen shift? _____

May we have your permission to obtain your motor vehicle record?

Initial here: _____

Do you have 4 or more points on your license?

Yes No

Has your driver's license ever been revoked?

Yes No

Why?

6. Due to the competitive nature of our employment process specific reasons for employment decisions will not be released.

7. In completing our application you will be subject to the following checks:

EMPLOYMENT REFERENCE CHECK FROM FORMER EMPLOYERS

CRIMINAL RECORD CHECK and a CHILD PROTECTIVE SERVICES REPORT

MOTOR VEHICLE RECORDS CHECK

(If the position requires you to drive a San Mar Vehicle you will not be eligible if you have 4 or more points on your driving record.

PHYSICAL AND TB TEST: WILL BE REQUIRED PRIOR TO STARTING EMPLOYMENT.

DRUG TESTING: San Mar is a drug free work place. Drug tests will be randomly performed.

You may be requested to have a drug test prior to employment.

8. Crisis Training: If you are applying for a position that works directly with the residents you will need to be certified in Therapeutic Crisis Intervention. A training process for physically dealing with a child that is losing control. One must be able to successfully complete the training and demonstrate the ability to carry out a physical restraint. If you feel you have any physical conditions that will prohibit you from completing this training and carrying out this part of the job, please let us know up front as this is a condition for employment.

Do you have any physical conditions, which may limit your ability to perform the particular job for which you are applying? Yes No

If Yes, describe such condition and explain how you can perform the job for which you are applying in spite of it.

Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other special training or skills (languages, machine operations, etc.)

Education:

School	Name and Location of School	Course of study	Years Completed	Did you Graduate?	Degree
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you hold any licenses or special credentials? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please list (CPR, First Aid, TCI):
Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes complete this section.
Branch of Service: _____ Period of Active Duty (Month & Year)
Describe your duties and any special training:

Employment History:

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

Company Name	Telephone ()
Address	Employed (state month & year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title & Description of your work:	Reason for leaving

Employment History Continued:

Company Name	Telephone ()
Address	Employed (state month & year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title & Description of your work:	Reason for leaving
Company Name	Telephone ()
Address	Employed (state month & year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title & Description of your work:	Reason for leaving
Company Name	Telephone ()
Address	Employed (state month & year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title & Description of your work:	Reason for leaving

Please indicate employers you do not want us to contact and give reason.

The following information is being requested for legally permissible reasons, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical handicap or disability.

Maryland State COMAR regulations prohibit us from hiring any one who has a positive response to any of the following conditions. Please affirm that you meet these requirements by answering the following questions:

Have you ever had an "indicated" child abuse or neglect finding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a conviction for child abuse or neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a conviction for spousal abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a conviction for rape?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a conviction for sexual assault?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a conviction for homicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a conviction within the past 5 years for assault or a drug related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No

References that may be contacted:

Name		Phone	
Address			
City		State	Zip
Relationship to this person: friend, co-worker, employer, other, Please specify			
Name		Phone	
Address			
City		State	Zip
Relationship to this person: friend, co-worker, employer, other, Please specify			
Name		Phone	
Address			
City		State	Zip
Relationship to this person: friend, co-worker, employer, other, Please specify			

In addition to these references San Mar Inc., and Maryland State regulations, require three (3) written references before an offer of employment can be made.

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 \$100.00.

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.

I understand that acceptance of an offer of employment does not create a contractual obligation for San Mar Inc. to continue to employ me in the future.

If San Mar Inc. decides to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize San Mar Inc. to do so. If a report is obtained San Mar Inc. must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

SIGNATURE _____ DATE: _____
(If you are submitting this application by e-mail, you will be asked to sign the original, should you be called in for an interview.)

Authorization to check References:

Applicant's Statement:
Authorization for Release of Information:

I hereby authorize the release to San Mar of any and all information relative to my employment, including but not limited to dates of employment, attendance records, performance ratings, rates of pay and eligibility for reemployment. I authorize its release without penalty or liability. A photocopy of this authorization shall be considered as valid as the original.

Signature of Applicant

Date