



4550 Forbes Boulevard ■ Suite 120 ■ Lanham, MD 20706 ■ Phone: (301) 429-9300 ■ Fax: (301) 429-9257

Resource Connections, Inc., is committed to the principle of equal opportunity and to the concept of diversity in the workplace. Decisions regarding recruitment, hiring, training, evaluation and promotion as well as all other employment decisions are made without regard to race, creed, sex, national origin, marital status, age, disability, or sexual orientation.

REFERRED BY: \_\_\_\_\_

POSITIONS OF INTEREST: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S NAME (first, middle, last)		SOCIAL SECURITY NUMBER
PRESENT STREET ADDRESS	APT. NUMBER	HOME TELEPHONE NUMBER
CITY	STATE ZIP CODE	WORK TELEPHONE NUMBER (or other)

PERSON TO CONTACT IN CASE OF EMERGENCY:	PHONE NUMBER:	ADDRESS:
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ARE YOU 18 YEARS OF AGE OR OLDER?  YES  NO IF NOT, DO YOU HAVE A WORK PERMIT?  YES  NO

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES OF AMERICA?  YES  NO

DO YOU HAVE A CAR?  YES  NO DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

ARE THERE ANY LIMITATIONS ON THE HOURS WHICH YOU CAN WORK?  YES  NO PLEASE DETAIL:  
\_\_\_\_\_

WHAT IS YOUR ANTICIPATED SALARY WITH RESOURCE CONNECTIONS? \$ \_\_\_\_\_ PER  HOUR  YEAR

HAVE YOU EVER BEEN DISMISSED, TERMINATED, OR ASKED TO RESIGN BY A PREVIOUS EMPLOYER?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HOW MANY TRAFFIC VIOLATIONS HAVE YOU BEEN CONVICTED OF IN THE LAST 3 YEARS? \_\_\_\_\_

EXPLAIN THE NATURE OF THE OFFENSE/S \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN A MINOR TRAFFIC VIOLATION?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

(use separate sheet if necessary)



**EMPLOYMENT HISTORY** continued

EMPLOYER			POSITION TITLE:
STREET ADDRESS			START DATE:
CITY	STATE	ZIP CODE	STARTING SALARY:
PHONE NUMBER: ( )	FAX NUMBER: ( )	SUPERVISOR:	FINAL SALARY:
DESCRIPTION OF RESPONSIBILITIES:			
REASON FOR LEAVING:			

EMPLOYER			POSITION TITLE:
STREET ADDRESS			START DATE:
CITY	STATE	ZIP CODE	STARTING SALARY:
PHONE NUMBER: ( )	FAX NUMBER: ( )	SUPERVISOR:	FINAL SALARY:
DESCRIPTION OF RESPONSIBILITIES:			
REASON FOR LEAVING:			

EMPLOYER			POSITION TITLE:
STREET ADDRESS			START DATE:
CITY	STATE	ZIP CODE	STARTING SALARY:
PHONE NUMBER: ( )	FAX NUMBER: ( )	SUPERVISOR:	FINAL SALARY:
DESCRIPTION OF RESPONSIBILITIES:			
REASON FOR LEAVING:			

PLEASE EXPLAIN ANY SIGNIFICANT GAPS IN EMPLOYMENT (e.g. school, caring for child, etc.)

**PROFESSIONAL REFERENCES** *(Please list three)*

NAME	PHONE NUMBER	RELATIONSHIP TO APPLICANT (e.g. Supervisor)	NAME OF BUSINESS / EMPLOYER
1)	( )		
2)	( )		
3)	( )		

PLEASE DESCRIBE ANY OTHER EXPERIENCES, SKILLS, LANGUAGES, OR QUALIFICATIONS WHICH YOU CONSIDER RELEVANT TO YOUR ABILITY TO PERFORM THE JOB/S FOR WHICH YOU ARE APPLYING:

HAVE YOU EVER WORKED WITH PERSONS WITH DEVELOPMENTAL DISABILITIES?  YES  NO IF YES, PLEASE EXPLAIN BRIEFLY:

ADDITIONAL COMMENTS BY APPLICANT, IF DESIRED

# AGREEMENT

## *Read Carefully Before Signing This Application*

I hereby affirm that the information provided on this application and/or accompanying resume is true and complete to the best of my knowledge. I am aware that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that if hired, my employment can be terminated with or without notice at any time, for any reason. I also understand that no management official is authorized to make any assurance or promise of continued employment, and that any such pledge or agreement related to continued employment must be in writing and signed by the Executive Director.

I authorize employers, past and present, schools, and other individuals and organizations named in this application and/or accompanying resume to provide any relevant information that may be required to arrive at an employment decision.

I authorize Resource Connections, Inc. to seek any disclosable information regarding me from the Central Registry of Abuse maintained by the Office of Licensing Certification Programs. I also authorize the Office of Licensing Certification Programs to release the above mentioned information to Resource Connections, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In compliance with The Americans with Disabilities Act, all requests for reasonable accommodations regarding employment from recruitment to workplace modifications will be fulfilled. **All information pertaining to employment with Resource Connections, Inc. is available in alternative formats. For information call (301)441-8321.**

### NOTICE TO MARYLAND APPLICANTS

"Under Maryland Law, an employer may not require, or demand, as a condition of employment, prospective 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 to exceed \$100.00."

Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_