



Bridging the gap between health and home

2131 Davidsonville Road • Crofton, Maryland 21114
410-721-1000 • 410-793-0123

Application Date _____ / _____ / _____ Received by _____
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Application Information

Position applied for _____

Date Available _____ Desired Salary _____

Last Name _____ First Name _____ MI _____

Current Address _____

City _____ State _____ Zip _____

Telephone Number _____ Cell Number _____

Are you available Full-time Part-time Temporary PRN

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

Are you at least 18 years of age? Yes No

How did you learn about us? Advertisement Relative Friend Inquiry Other

Please note we participate in E-Verify. Please see the E-Verify posters attached and displayed at the facility if you have any questions.

Have you ever worked in a healthcare facility? Yes No

If Yes, please list facilities and location:

Educational Information

Name of School	City/State	Course of Study	Diploma/Degree Earned?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

License/Qualifications

RN LPN CNA GNA CMA Other

License Number_____

Date of Expiration_____

Other Qualifications

Please summarize any special training, skills, or volunteer work relevant to the position you are applying for:_____

Miscellaneous

Have you ever been convicted of any crimes (you may exclude minor traffic violations and any convictions that have been expunged or for which you have been pardoned)? Yes No

If Yes, please state, for each conviction: the city, county, and state of conviction, the crime(s) for which you were convicted and the date of the conviction. A record of criminal convictions will not necessarily bar you from employment. Nature and date of crime, rehabilitation, and nature of particular job for which you are applying, among other factors, will be considered.

Emergency Contact Information

In case of emergency, who shall we notify?

Name_____

Relationship to you_____

Phone number_____

Personal References

Name_____

Relationship to you_____

Telephone_____

Name_____

Relationship to you_____

Telephone_____

Name_____

Relationship to you_____

Telephone_____

Employment History

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer. Attach additional sheet if necessary.

Employment #1

Company Name _____

Employment Dates (month and year) From _____ To _____

Job Title _____

Hourly \$ _____ per _____ Salary \$ _____ per _____

Immediate supervisor and title _____

Address _____

Telephone _____ May we contact for reference Yes No

Summarize job responsibilities _____

Reason for leaving _____

Employment #2

Company Name _____

Employment Dates (month and year) From _____ To _____

Job Title _____

Hourly \$ _____ per _____ Salary \$ _____ per _____

Immediate supervisor and title _____

Address _____

Telephone _____ May we contact for reference Yes No

Summarize job responsibilities _____

Reason for leaving _____

Employment #3

Company Name _____

Employment Dates (month and year) From _____ To _____

Job Title _____

Hourly \$ _____ per _____ Salary \$ _____ per _____

Immediate supervisor and title _____

Address _____

Telephone _____ May we contact for reference Yes No

Summarize job responsibilities _____

Reason for leaving _____

Read Carefully Before Signing

I certify that the information contained on this application (and any accompanying resume or other documents) is true and complete to the best of my knowledge. I understand that any misrepresentation, falsification, or omission of information may result in denial of employment or, if hired, may result in my termination from employment. I consent to and authorize Crofton Care & Rehabilitation Center (Center), or its designee, to contact my former employers and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers and schools to give the Center, or its designee, (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have, and hereby waive any actions which I may have against any party for providing such information.

I understand that I will be required as a condition of employment to satisfactorily pass all required pre-employment tests, and that any employment will be contingent upon successful results of those tests/checks. I also understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status, or if aliens, their legal authorization to work in the United States. Any offer of employment is contingent on my ability to produce the required documentation within the time period required by law.

Should I be employed by the Center, I agree to confirm to all Center policies and procedures, including, but not limited to, those policies and procedures which are outlined in the Center Handbook and any other applicable operating guidelines or manuals. I understand that my employment is terminable-at-will, that I am not being employed for any specific time, and that this application is not, and is not intended to be, a contract for continued employment. I have the right to terminate the employment relationship for any reason with or without cause or notice at any time, and the Center reserves the right to do the same. I agree that, upon the Center's request or the termination of my employment, I will promptly return all property in my custody belonging to the Center, including, but not limited to, all papers, handbooks, keys, identification cards, uniforms, tools, computer equipment or passwords, or any other equipment or property furnished to me by the Center. I agree that upon demand I will satisfy all my debts to the Center which are due and owing at the time demand is made, including those representing any amounts which may be due the Center as a result of any damage to, or loss or destruction of, Center property, any loans or advances made to me by the Center, any overpayment of wages, any costs advanced or expended by the Center for training or certifications, or any other amounts which I may lawfully owe the Center, or for which I have received full consideration. In the event that I fail to pay any sums which I owe to the Center, I authorize the Center to deduct the applicable sums from any monies, including bonuses, commissions, severance pay, payout of accrued but unused vacation or personal days, or wages, due to me from the Center, to the full extent permitted by applicable law. If I am classified as an exempt salaried employee, I understand that my salary will not be subject to deductions for variations in the quantity or quality of the work I perform and nothing in this statement alters that.

This application is current for 30 days. At the conclusion of that time, if I have not heard from the Center and still wish to be considered for employment, it will be necessary to complete a new application.

Applicant Signature

Date

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. ANY EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEAMOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00

Applicant Signature

Date