



15850 Crabbs Branch Way, Suite 350
Rockville, MD 20855

EMPLOYMENT APPLICATION

INSTRUCTIONS: *Please print or type all information.* The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

Position(s) Applied For	Date of Application
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Applicant Information

Last Name	First Name	Middle Initial	SS# (if available)
Street Address			
City	State	Zip Code	
Home Number ()	Work Number ()	Cell Number ()	
E-mail Address			
How did you learn about us?			
<input type="checkbox"/> Monster.com	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet	
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	
<input type="checkbox"/> Current Employee	<input type="checkbox"/> Trade Org./School	<input type="checkbox"/> Job Fair	
<input type="checkbox"/> Agency Referral	<input type="checkbox"/> Other: _____		

PLEASE CHECK APPROPRIATE RESPONSE:

1. Are you 18 yrs. old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details below: Date: _____ Details: _____ <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <small>Note: A conviction will not necessarily disqualify an applicant from employment.</small>
2. Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date:	7. On what date would you be available to work?
3. Have you been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date:	
4. May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
5. Are you prevented from a lawfully becoming employed in this country because of Visa or Immigration Status? <small>Proof of citizenship or immigration status will be required upon employment.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION / TRAINING / SKILLS:

Language(s) other than English: _____

Do you have a High School Diploma? Yes No GED? Yes No

If not, highest grade level completed: _____

Name and location of last high School attended:

City

State

LIST OF COLLEGES AND UNIVERSITIES ATTENDED BELOW:

Name and Location	Credit Hours Earned	Did you graduate?	Major/Minor Degree/Field/Program of Study	Type of Degree Received
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

LIST SPECIAL TRAINING BELOW: *(Business, Trade, Vocational, Armed Forces Schools, etc.)*

Name and Location	Total Hours Completed	Hours required for certification	Course/Subject Taken	Certificates Received

ADDITIONAL INFORMATION:

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

EMPLOYMENT HISTORY

List previous employment history starting with your current or most recent employment. If you held more than one position within the same organization, list each position as a separate period of employment. Please include job-related volunteer, temporary, part-time work, and experience. List all gaps in work history in spaces provided. Resumes will not be accepted as official application.

Dates Employed (Month and Year)		Employer: _____ Address: _____ Telephone#: (____) _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____
From	To	
Hours per Week: _____		
Starting Salary: \$ _____ per _____		
Last Salary: \$ _____ per _____		
Specific Duties:		
Dates Employed (Month and Year)		Employer: _____ Address: _____ Telephone#: (____) _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____
From	To	
Hours per Week: _____		
Starting Salary: \$ _____ per _____		
Last Salary: \$ _____ per _____		
Specific Duties:		
Dates Employed (Month and Year)		Employer: _____ Address: _____ Telephone#: (____) _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____
From	To	
Hours per Week: _____		
Starting Salary: \$ _____ per _____		
Last Salary: \$ _____ per _____		
Specific Duties:		

PERSONAL / PROFESSIONAL REFERENCES

1. _____
Name and Job Title

(_____) _____
Telephone Number
 Personal Professional
2. _____
Name and Job Title

(_____) _____
Telephone Number
 Personal Professional
3. _____
Name and Job Title

(_____) _____
Telephone Number
 Personal Professional

APPLICANT'S CERTIFICATION

Please read this statement carefully before signing:

I hereby certify that each response on this application and all other information I have furnished in applying for employment with Community Clinic, Inc. is true and correct. I understand that false entries, misrepresentations or material omissions provided on this application and all other information furnished in applying for employment are sufficient cause for dismissal, no matter how long after initial employment they are discovered.

I authorize investigation of all statements contained in this application for employment and all other information I have furnished in applying for employment as may be necessary arriving at an employment decision. I further authorize release of all past employment records, educational records and other reference information for use by Community Clinic in this investigation.

I agree to comply with Community Clinics Rules and Regulations. I understand that such employment will begin with probationary period of three (3) months from the date of hire. I further understand that my employment and completion of the probationary period will not result in an employment contract.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

Applicant Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG FREE WORKPLACE

We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, marital, disability, or any other legally protected status. Applications are valid for six (6) months from the date received. Applicants with a disability who require accommodation within the application/interview process should direct a request in advance to Human Resources.

Community Clinic, Inc.
Authorization for Release of Information
For Employment Purposes

I _____, authorize Community Clinic to investigate present and former employers and educational institutions regarding my application for employment for the position of _____ . This information may include, but is not limited to: achievement, performance, attendance, personal history, and disciplinary information.

I further authorize Community Clinic to rely upon and use any information received from such contacts as may be necessary in arriving at an employment decision.

I hereby authorize and request any present or former employer or school, regardless of any agreement I may have made previously to the contrary, to furnish Community Clinic with any and all information about me. This consent shall be valid in original, fax or copy form.

Additionally, I release any present or former employer and any individual, including records custodians, from all liability for damages including denial or termination of employment with Community Clinic which may result from complying or attempting to comply with this authorization.

Print Name

Social Security Number

Signature

Date

