

# Ark Counseling and Wellness Center

## APPLICATION FOR EMPLOYMENT

**Nonprofit Organization** is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion or creed, national origin or ancestry, sex (including pregnancy, sexual orientation, or gender identity), age (40 or older), marital status, status as an individual with a physical or mental disability, veteran status, genetic information, and citizenship, or any other legally protected status.

This is a non-smoking environment.

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
*Last*
*First*
*Middle*

Present Address: \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*  
*Code*

Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

How did you learn of **Nonprofit Organization**?

- Advertisement       Referral      *(If so, who?)* \_\_\_\_\_  
 Other \_\_\_\_\_

List any relatives working with us: \_\_\_\_\_

### EMPLOYMENT DESIRED:

Position: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date Available: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you available for full-time work?  Yes       No      If not, what hours can you work? \_\_\_\_\_

Will you work overtime if asked?       Yes       No

### EDUCATION:

|                              | Name & Location of School | # of Years Att | Did you graduate? | Major Course of Study |
|------------------------------|---------------------------|----------------|-------------------|-----------------------|
| <b>High School</b>           |                           |                |                   |                       |
| <b>Trade/Business School</b> |                           |                |                   |                       |
| <b>College/University</b>    |                           |                |                   |                       |
|                              |                           |                |                   |                       |

|                      |  |  |  |  |
|----------------------|--|--|--|--|
| <b>Post Graduate</b> |  |  |  |  |
|----------------------|--|--|--|--|

Please list any professional designations or licenses currently held: \_\_\_\_\_

Please describe additional skills, training, or ability you would like to have us consider in evaluating your qualifications. Include software: \_\_\_\_\_

**FORMER EMPLOYERS:**

|                                   |               |                            |
|-----------------------------------|---------------|----------------------------|
| <b>Company Name &amp; Address</b> | <b>From:</b>  | <b>Job Title:</b>          |
|                                   | <b>To:</b>    | <b>Duties:</b>             |
|                                   |               |                            |
| <b>Telephone:</b>                 | <b>Start:</b> | <b>Reason for Leaving:</b> |
| <b>Supervisor:</b>                |               |                            |
| <b>May we contact?</b>            | <b>Final:</b> |                            |
|                                   |               |                            |
| <b>Company Name &amp; Address</b> | <b>From:</b>  | <b>Job Title:</b>          |
|                                   | <b>To:</b>    | <b>Duties:</b>             |
|                                   |               |                            |
| <b>Telephone:</b>                 | <b>Start:</b> | <b>Reason for Leaving:</b> |
| <b>Supervisor:</b>                |               |                            |
| <b>May we contact?</b>            | <b>Final:</b> |                            |
|                                   |               |                            |
| <b>Company Name &amp; Address</b> | <b>From:</b>  | <b>Job Title:</b>          |
|                                   | <b>To:</b>    | <b>Duties:</b>             |
|                                   |               |                            |
| <b>Telephone:</b>                 | <b>Start:</b> | <b>Reason for Leaving:</b> |
| <b>Supervisor:</b>                |               |                            |
| <b>May we contact?</b>            | <b>Final:</b> |                            |
|                                   |               |                            |
| <b>Company Name &amp; Address</b> | <b>From:</b>  | <b>Job Title:</b>          |
|                                   | <b>To:</b>    | <b>Duties:</b>             |
|                                   |               |                            |
| <b>Telephone:</b>                 | <b>Start:</b> | <b>Reason for Leaving:</b> |
| <b>Supervisor:</b>                |               |                            |
| <b>May we contact?</b>            | <b>Final:</b> |                            |
|                                   |               |                            |

**REFERENCES:** (Give the names of three professional/non-relatives that you have known for at least one year).

|  | <b>Address</b> | <b>Yrs Acquainted</b> |
|--|----------------|-----------------------|
|--|----------------|-----------------------|

| Name | Telephone | Occupation |
|------|-----------|------------|
|      |           |            |
|      |           |            |
|      |           |            |

**OTHER INFORMATION:**

Have you previously applied or worked at **Nonprofit Organization**? If so, in what position?

\_\_\_\_\_

Original date of employment with **Nonprofit Organization**

\_\_\_\_\_

Are you lawfully eligible for employment in the United States?

Without sponsorship  Yes  No

With sponsorship  Yes  No

(Please note that verification is required by law if you are offered a position.)

If yes, describe in full: (Please note that an affirmative answer will not necessarily bar consideration for employment.)

**PLEASE READ AND SIGN BELOW:**

**in accordance with maryland law, an employer may not require 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.**

**date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Medical Examination Consent:**

If i receive an offer of employment from **Nonprofit Organization**, I consent to submit to any legally permissible medical or physical examinations, including but not limited to blood, urine, breath or other examinations or tests for alcohol, drugs, perception-altering or controlled substance use, that may be requested by the company. I understand that any offer of employment will be contingent upon the results of pre-employment medical or physical examinations. I further agree to take any such legally permissible examinations that may be requested by the company during my employment, should I be offered and accept a job, with the understanding that these examinations will be performed by a health care professional designated by the company. I further hereby authorize the release to the company of all results of any such tests or medical or physical examinations performed on me at that time by any physician or clinic to which I am referred by the company. I further authorize the use of this information by the company for any legitimate purpose in accordance with applicable law, including but not limited to my employment, subsequent performance evaluations, promotion decisions, discipline, or termination.

**date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Background Check Release:**

I hereby give **Nonprofit Organization** the right to conduct a thorough background investigation and obtain a consumer report or investigative consumer report, as permitted by state and/or federal law, including, but not limited to: education, references, credit history, criminal background, and driving records; and I release from all liability all persons, companies and corporations supplying such information. I release, indemnify, and hold harmless **Nonprofit Organization** and its subsidiaries from and against any and all liability that may result from making such an investigation. I understand that any offer of employment may be contingent upon the results of the background check, in the sole discretion of **Nonprofit Organization**.

**date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Representations by applicant:**

I hereby certify that the information I have provided in connection with my application for employment is true and complete. I understand that any false or misleading information or misrepresentations by omission in my application form or any related document, interviews or other aspect of my application can result in my disqualification as a candidate for employment or my immediate discharge if already employed.

I also understand that nothing contained in this employment application or granting of an interview is intended to create an employment contract between **Nonprofit Organization** and myself for either employment or for granting of benefits. No **Nonprofit Organization** regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon **Nonprofit Organization** unless made in writing. If an employment relationship is established, I understand and agree that it is at-will, meaning either I or **Nonprofit Organization** may terminate my employment at any time with or without cause or notice.

I understand that, if accepted for employment, it is necessary to abide by the rules and policies of **Nonprofit Organization** and any of its subsidiaries.

**date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

note that the background check acknowledgement contained above does not meet the requirements for a standalone disclosure and authorization under the fair credit reporting act, which must be complied with if you are using a third-party consumer reporting agency to conduct a background check.