

Application for Employment



College Manor Inc.

300 W. Seminary Avenue
Lutherville, Md. 21093

Name: Last _____ First _____ Middle _____

Position applying for _____

Date application submitted _____

PERSONAL INFORMATION

Name: _____ Social Security #: _____
 Last First Middle
 Present Address: _____ Day Phone #: _____
 Street City State Zip Code
 Permanent Address: _____ Evening Phone #: _____
 Street City State Zip Code
 Have you ever worked for College Manor before? No Yes If yes, list dates and position: _____

EMPLOYMENT DESIRED

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		

How Did You Learn Of This Opening? : _____
 Will you Accept Employment of: Full Time Part Time Temporary
 If Under 16 yrs. Of Age Do You
 Date Available: _____ have a Work Permit? Yes No

EDUCATION/TRAINING

School (only job related education will be considered)	Name and Address of School	Courses Takes	Did You Graduate?	Diploma, Degree, or Certificate Awarded
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date _/_/___	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date _/_/___	
Special Training or Qualification			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date _/_/___	
Other Classes/Training				

Extracurricular Activities While in School: _____

Area of Specialization or Major Interest: _____

Professional Organization Membership, Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS				Verification (For Internal Use Only)
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

Company Name	Dates Employed From	Month / Year ____/____	To	Month / Year ____/____
Address (Street, City, State, Zip Code)	Phone	Starting Salary \$	Ending Salary \$	
Position/Title	Immediate Supervisor's Name and Title			
Job Description and Responsibilities				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you disciplined? (Warnings, Suspensions, Discharge) <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving:	

Company Name	Dates Employed From	Month / Year ____/____	To	Month / Year ____/____
Address (Street, City, State, Zip Code)	Phone	Starting Salary \$	Ending Salary \$	
Position/Title	Immediate Supervisor's Name and Title			
Job Description and Responsibilities				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you disciplined? (Warnings, Suspensions, Discharge) <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving:	

Company Name	Dates Employed From	Month / Year ____/____	To	Month / Year ____/____
Address (Street, City, State, Zip Code)	Phone	Starting Salary \$	Ending Salary \$	
Position/Title	Immediate Supervisor's Name and Title			
Job Description and Responsibilities				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you disciplined? (Warnings, Suspensions, Discharge) <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving:	

Company Name	Dates Employed From	Month / Year ____/____	To	Month / Year ____/____
Address (Street, City, State, Zip Code)	Phone	Starting Salary \$	Ending Salary \$	
Position/Title	Immediate Supervisor's Name and Title			
Job Description and Responsibilities				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you disciplined? (Warnings, Suspensions, Discharge) <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving:	

If you have had disciplinary problems with any previous employer, please describe the circumstances: _____

PROFESSIONAL REFERENCES LIST THREE PERSONS WITH WHOM YOU HAVE WORKED OR STUDIED UNDER

Name	Title/Position	Company Name and Address	Telephone

REFERENCES LIST THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST TWO YEARS

Name	Relationship to You	Address and Phone Number	Years Acquainted

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding?

No Yes If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation. (Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar employment.)

Use this space to give us further information which may assist us in placing you: _____

Signature of Applicant

Date

IN CONFORMITY WITH APPLICABLE LAWS, COLLEGE MANOR, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, OR DISABILITY.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR AN 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

Signature of Applicant

Date

INFORMATION FOR APPLICANT

(Read Carefully Before Signing)

College Manor, Inc. is hereinafter referred to as College Manor.

1) This application is valid for only thirty (30) days. If you have not been employed within thirty (30) days of your application, you must re-apply for a position.

2) By my signature below, I agree to the following:

a) I consent to take any physical examinations, including but not limited to tests for alcohol or drugs, that may be requested by College Manor: (1) following an offer of work prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans With Disabilities Act. I further authorize any health care professional or testing facility who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to College Manor. I understand that if my drug screen is positive for any illegal substance, that any offer of employment will be rescinded, or if I have already commenced work, I will be terminated.

b) I understand that any false statements or omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.

c) I understand that any employment I might be offered by College Manor is at-will, of indefinite duration and not a contract, and that either I or College Manor can terminate that employment at any time with or without notice or cause, for any or no reason, and that no agreement to the contrary will be recognized by College Manor unless made in writing and signed by the Administrator of College Manor. I understand that satisfactory completion of my provisional period will not change my status as an at-will employee.

d) I understand that none of College Manor's practices or policies are to be construed as imposing any binding obligations on College Manor, and that they are subject to change or deletion at any time in College Manor's sole discretion.

e) I hereby authorize College Manor to obtain from schools, former employers, or other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied. I promise to hold harmless, covenant not to sue and release College Manor, the entities and individuals contacted and their agents from any and all liability which may flow from the obtaining and/or dissemination of such information.

f) I hereby authorize College Manor to obtain a background investigative report made by a security or consumer reporting agency with respect to me. I promise to hold harmless, covenant not to sue and release College Manor, the reporting agency, and their agents from any and all liability which may flow from the obtaining and/or dissemination of such information.

I have read this Employment Application and I fully understand its contents.

Signature of Applicant

Date

Sex, Race and Ethnic Group
Identification Form

Detach from Application and Hand in Separately
DO NOT SIGN THIS FORM

The federal government requires that an employer maintain records on the race, sex, and ethnic group of its applicants. In order to comply with these requirements, College Manor, Inc. requests that you supply the information sought below. The information is for record keeping purposes only and will not in any way affect any employment decisions. This questionnaire will be kept separate from your application.

Position applied for: _____

Sex: _____ Race: _____

Ethnic Group (Check if you are a member of the Ethnic Group)

_____ American Indian (including Alaskan Natives)

_____ Asian (including Pacific Islanders)

_____ Hispanic (including persons of Mexican, Puerto Rican,
Cuban, Central or South American or other Spanish
Origin or culture)

In Conformity with applicable laws, College Manor, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, or disability.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract person from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company

California, Minnesota or Oklahoma applicants only: If requested, you will receive a copy of your background report if one is obtained on you by the Company.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name _____ First Name _____ Middle _____

Other Names Used _____ Years Used _____

Current Address _____ Dates _____

Former Address _____ Dates _____

*Social Security Number _____ Daytime Phone Number _____

*Date of Birth _____ E-Mail Address _____

*Gender _____ Driver's License Number _____ State of Issuance _____

*This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.