



P.O. Box 1978 Salisbury, MD 21802  
 Human Resources Fax: 443-210-2324  
 Send to [kcarmean@chesapeakehc.org](mailto:kcarmean@chesapeakehc.org)

## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

### PLEASE COMPLETE ALL QUESTIONS

Name: Last		First		Middle		Email Address:	
Address: Number		Street		City		State	
				Zip Code		Home Phone:	
						Cell Phone:	
Notify in case of emergency: Name		Address		Relationship		Phone	
How referred to CHC				Have you worked for CHC before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?			
Position(s) applying for:				Type of employment: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
Date available:		Salary expected:		Hours preferred:			

### PLEASE LIST ALL PREVIOUS EMPLOYMENT – LIST YOUR LAST EMPLOYER FIRST – ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT

EMPLOYER	TITLE & DUTIES	DATES EMPLOYED	SALARY
Name:  Address:  Phone: Supervisor's name/title:		From:   /   /	Start:
		To:   /   /	Final:
		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason for leaving:	
Name:  Address:  Phone: Supervisor's name/title		From:   /   /	Start:
		To:   /   /	Final:
		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason for leaving:	
Name:  Address:  Phone: Supervisor's name/title		From:   /   /	Start:
		To:   /   /	Final:
		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason for leaving:	
Name:  Address:  Phone: Supervisor's name/title		From:   /   /	Start:
		To:   /   /	Final:
		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason for leaving:	

Professional Reference - Name \_\_\_\_\_ Email \_\_\_\_\_ Phn \_\_\_\_\_  
 Professional Reference - Name \_\_\_\_\_ Email \_\_\_\_\_ Phn \_\_\_\_\_

NAME & ADDRESS OF SCHOOL	DATES ATTENDED	HIGHEST GRADE COMPLETED	MAJOR	DIPLOMA or DEGREE
Grade School or High School: (Please include City/State) Last Name upon Graduation:				
College: (Please include City/State) Last Name upon Graduation:				
Graduate: (Please include City/State) Last Name upon Graduation:				
Vocational or Other Training				
Other skills or qualifications (Office machines, professional registration, certification or licensure)				
U.S. military Service	Date of Entrance		Date of discharge	
Describe your duties in the military				
Are you under 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No      If not a U.S. Citizen, give Visa class, number and expiration date:				
Do you have any physical limitations that limit or prevent you from performing certain kinds of work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list and describe specific work limitations:				
Are you related to any CHC employee(s) by blood or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give their name(s):				

**Please read the following:**

- Under the Maryland law, an employer may not require or demand any applicant for employment or prospective employment or employee to submit to or take a polygraph, lie detector test 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.
- I certify that to the best of my knowledge, this information is true and I understand that any misrepresentation or willful omission of facts may be cause for immediate dismissal.
- I understand that this application will remain active for six months. I must renew this application after six months to be considered for any vacant positions.
- I consent to verification of my employment history and give permission to contact references listed.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REMARKS – PERSONNEL OFFICE USE ONLY**

CHESAPEAKE HEALTH CARE EMPLOYER AT WILL EOE M/F/D/V

SHR/Forms/Employment Application 11-2018