Employment Application

HARMONY

EMPLOYMENT APPLICATION

All information on this application will be kept confidential. Please print all information clearly.

Name (include former names):
Street Address:
City: State: Zip:
Mailing Address (if different from above:
Telephone Number - Cell:
Home Number:
E-mail address if available:

Are you a Citizen of the United States of America? ( ) Yes ( ) No

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

Do you have a Social Security Card? ( ) Yes ( ) No SS#_____

Do YOU have a valid driver's license? ( ) Yes ( ) No Lic.# _____

If yes, do you own transportation? ( ) Yes ( ) No

Can you perform the duties of the job described in the attached job description with or without reasonable accommodation? ( ) Yes ( ) No ( ) uncertain

Have you worked with disabilities? ( ) Yes ( ) No

If yes, what did you do?

Describe any training or experience you have had as a personal care aide:

What hours /days are you available to work?
If there are certain times you cannot work, please list them:

What is your anticipated rate of pay?_____per_____

Full Time ( ) Part-time ( ) Education

Highest grade completed:	GED:
College:	Degree:

Past Employment (please list your last three employers)

Employer's Name:_____

Date employment began: _____ Date employment ended: _____

Supervisor's Name: _____

Reason: for leaving: _____

Phone number of supervisor: _____

Job Duties: _____

Employer's Name:_____

Date employment began: _____ Date employment ended: _____

Supervisor's Name: _____

Reason: for leaving: _____

Phone number of supervisor: _____

Job Duties: _____

Employer's Name:_____

Date employment began: _____ Date employment ended: _____

Supervisor's Name: _____

Reason: for leaving: _____

Phone number of supervisor: _____

Job Duties: _____

If there is a past employer that you do not wish to have contacted, please list here:

Please give two references other than a relative:

Name:_____

Address:_____

City:_____State:_____Zip Code: _____

Phone number: _____

Name:_____

Address:_____

City:_____State:_____Zip Code: _____

Phone number: _____

Have you been convicted of a crime and/or disbarred, excluded, or otherwise ineligible from participation in federal health care programs? (A "yes" answer may not exclude you from employment unless job related) Yes ( ) No ( )
Explain: _____

"Under Maryland law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to take a polygraph or lie detector or similar test or examinations 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 $1,000.00. I have read and understood the above statement.

_____
Signature of Applicant

APPLICANT CERTIFICATION AND AGREEMENT

(Please read carefully before signing)

I understand that nothing in this employment application or in the granting of an interview is intended to create an employment contract with HARMONY for either employment or the providing of any benefits.

If hired by HARMONY, I understand that I have the right to terminate my employment at any time and that the Staffing agency retains a similar right.

I hereby certify that the facts set forth in this employment application and/or in my resume are true and complete to the best of my knowledge.

I understand that falsifications, misrepresentations, or omissions are grounds for rejection of this application or dismissal once employed.

I understand that if offered employment, I will be subject to a pre-employment physical assessment, drug screen, criminal background investigation and review of my employment history.
HARMONY is hereby authorized to make necessary inquiries pertaining to my academic achievements, employment records and personal history. I have read, understood, and accepted the above statement.

_____
Signature of applicant

_____
Date

As an equal opportunity employer, HARMONY. complies with all laws prohibiting Discrimination in employment.