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MARYLAND COMMUNITY CONNECTION EMPLOYMENT APPLICATION

Application Date: _____

Name:	
Address:	
City, State, Zip Code	
County	
Home Telephone:	
Cell Telephone:	
Email Address:	
Position Applied For:	

Availability (check all that apply)

I am interested in: Full Time Part-Time
 Contractor On-Call / Substitute

Hours Available: _____

Days of Week Available: _____

On what date would you be available for work: _____

Salary Requirements Per Hour: _____

How did you hear about position? _____

Work Experience

A resume may be included giving a more detailed description of work performance or a listing of additional jobs. If you submitted a resume to supplement your work history, you must still answer the questions on this form about dates, salaries, titles, and reason for leaving.

Present or Most Recent Position: _____
Employer Name: _____
Employer Address: _____
Employer Phone Number: _____
Supervisor's Name and Title: _____
Email Address: _____
Starting Salary: _____ Current/Ending Salary: _____
Dates of Employment: From _____ To _____
Average Hours Per Week: _____
Describe your duties: _____

Reason for leaving: _____
Do you have any objection to our contacting your present supervisor? Yes No

Former Position: _____
Employer Name: _____
Employer Address: _____
Employer Phone Number: _____
Supervisor's Name and Title: _____
Email Address: _____
Starting Salary: _____ Ending Salary: _____
Dates of Employment: From _____ To _____
Average Hours Per Week: _____
Describe your duties: _____

Reason for leaving: _____
Do you have any objection to our contacting your supervisor? Yes No

Former Position: _____
Employer Name: _____
Employer Address: _____
Employer Phone Number: _____
Supervisor's Name and Title: _____
Email Address: _____
Starting Salary: _____ Ending Salary: _____
Dates of Employment: From _____ To _____
Average Hours Per Week: _____
Describe your duties: _____

Reason for leaving: _____
Do you have any objection to our contacting your supervisor? Yes No

Education

Did you graduate from High School? _____(Yes or No)

Name, Location and Date Graduated: _____

College or University Give name & location	Major Field of Study	Dates Attended		Degree & Date	Credits Completed
		From	To		

Training/Skills/Certifications

Describe any specialized training, skills, or certifications.(current and past)

References

List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Work Experience.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, State, and Zip Code)	BUSINESS OR OCCUPATION	TELEPHONE NUMBER

Within the last five years, have you been fired for any reason? ___Yes ___No

Within the last five years, have you quit a job after being notified that you would be fired?
___Yes ___No

If "Yes", give details in space provided below.

NOTE: UNDER THE IMMIGRATION CONTROL ACT OF 1986, AN EMPLOYER IS REQUIRED TO HIRE ONLY U.S. CITIZENS AND LAWFULLY AUTHORIZED ALIEN WORKERS. APPLICANTS WHO ARE SELECTED FOR EMPLOYMENT WILL BE REQUIRED TO SHOW AND VERIFY AUTHORIZATION TO WORK IN THE UNITED STATES.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job related medical condition or disability, or any other legally protected status.

I, (Print Name) _____ give Maryland Community Connection permission to verify all references listed and to obtain verification from employers of employment dates, reasons for separation, results of performance evaluations, and any other information relevant of verification of performance.

Signature: _____ Date Signed: _____

I hereby acknowledge that I have read and understand this application. I also hereby affirm that this application contains no willful misrepresentations or falsifications and that the information contained herein is true and accurate to the best of my knowledge. I understand should investigation at any time disclose any misrepresentation or falsification of information contained in this document, my application will be disapproved and my name removed from any further consideration for employment. I also understand that should I be offered employment and accept a position with Maryland Community Connection and it is subsequently discovered that the information provided herein is false; I may be terminated from employment immediately.

Signature: _____ Date Signed: _____