

# Caroline Center, Inc.

## Application for Employment

**Caroline Center –East**  
**P.O. Box 460**  
**Ridgely, MD 21660**  
**(800) 863-2102**

**Caroline Center-West**  
**15222 Dino Drive**  
**Burtonsville, MD 20866**  
**(800) 441-9181**

Caroline Center, Inc. is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or disability, or any other legally protected status.

**COMPLETE ALL INFORMATION WITHIN THIS APPLICATION IN ITS ENTIRETY**

DATE: _____	SSN: _____			
Name: _____				
Last	First	Middle		
Address: _____		City	State	Zip
Number	Street			
Phone Number: _____	Email Address: _____			
Are you over the age of 18?    Yes <input type="checkbox"/> No <input type="checkbox"/>				

## EMPLOYMENT DESIRED

Position Applied For: _____		
Rate of Pay Expected: _____	Referral Source: _____	
Available Work Hours:		
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	PRN (as needed) <input type="checkbox"/>
Weekdays:            Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Awake Over Night <input type="checkbox"/>
Weekends:            Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Awake Over Night <input type="checkbox"/>
If hired, on what date would you be available to begin work? _____		

# PERSONAL INFORMATION

Do you have a valid driver's license? Yes  No

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Do you have reliable transportation to and from work? Yes  No

Can you show proof of eligibility to work in the United States? Yes  No

Do you have a High School Diploma or your GED? Yes  No

Have you ever been convicted of a crime other than a minor traffic violation? Yes  No

If YES, give date and explanation \_\_\_\_\_  
 \_\_\_\_\_

Have you ever filed an application with Caroline Center, Inc. before? Yes  No

Have you worked for Caroline Center, Inc. before? Yes  No

If YES, indicate the starting and ending dates, position, the facility where you worked, and the name of your supervisor. \_\_\_\_\_  
 \_\_\_\_\_

Do you know any current employee(s) of Caroline Center, Inc.? Yes  No

If so, please indicate name of employee(s) and how you know them. \_\_\_\_\_  
 \_\_\_\_\_

# EDUCATION

School	Location	No. of Years Completed	Did you graduate?	Degree or Diploma
High School				
College				
Graduate				
Vocational/Business				

# EMPLOYMENT HISTORY

Describe all work experience in detail, beginning with your current or most recent job. Include military service, internships and job-related volunteer work, if applicable.

Name of Employer: \_\_\_\_\_

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

Phone Number : \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisors name: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Dates of Employment FROM: \_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisors name: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Dates of Employment FROM: \_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

# EMPLOYMENT HISTORY (Continued)

Name of Employer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisors name: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Dates of Employment FROM: \_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisors name: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Dates of Employment FROM: \_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_



# APPLICANT WAIVER

I certify that the information contained in this Application for Employment at Caroline Center, Inc. is correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any misrepresentation, falsification or omission of information on this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed.

I authorize any of the persons or organizations reference in the Application for Employment to give Caroline Center any and all information concerning my previous employment, education, or any other information they might have regarding my ability to perform the duties of the position for which I have made application. I release all such persons or organizations from all liability for any damage that may result from furnishing such information to Carline Center, Inc. I authorize Caroline Center, Inc. to request and receive such information, and I further understand that a copy of this authorization will accompany any such request for information. I request that any persons or organizations contacted by Caroline Center provide such information as may be requested.

In consideration for my employment and my being considered for employment by Caroline Center, Inc., I agree to conform to the rules and regulations of the Agency and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the Agency at any time, at the Agency's sole option and without any prior notice, at any time, at the option of the Agency.

I understand that COMAR 10.22.02 and COMAR 10.22.03 require police and other official record checks to determine if there is any previous conviction which would render a potential employee unsuitable for work with developmentally disabled persons. As an applicant for employment with Caroline Center, Inc., I hereby authorize Caroline Center, Inc. to thoroughly investigate the information on my application, my references, work record, criminal history, education, and other matters related to my suitability for employment.

I understand that I will be required to undergo substance screening tests during the recruitment process and may receive a conditional offer of employment contingent upon passing the substance screening.

I understand that this application is not intended to be a contract of employment, and if I am employed, my employment will be as an employee at will, and that my employment may be terminated by the employee or employer at any time, with or without cause.

I acknowledge that this application will remain active for no more than 180 days from the date it was made.

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Signature of Applicant

Date

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Signature of Agency Representative

Date

# EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Caroline Center Inc. is an Equal Opportunity Employer. The following information is requested by Caroline Center, Inc. to prepare reports required by law for the Federal Government. The information provided will remain confidential and will **NOT** be used to make a decision about your employment.

## **SUBMISSION OF INFORMATION IS VOLUNTARY.**

Failure to provide this information will not jeopardize or affect your consideration for employment. Although providing this information is voluntary, your cooperation is appreciated.

### **GENDER:**

- Female
- Male

### **PLEASE MARK THE GROUP THAT BEST DESCRIBES YOUR RACE/ETHNICITY:**

- White
- Black/African American (not of Hispanic origin)
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Asian
- American Indian or Alaskan Native
- Two or more races

### **SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITY:**

If you are a disabled veteran, or have a physical or mental disability, you may volunteer this information that will remain confidential.

- Individual with a Disability
- Disabled Veteran
- Vietnam Era Veteran