



Citizens Care and Rehabilitation Center

415 S. Market Street

Havre de Grace, MD 21078

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Maryland RELAY (TDY) 1-800-735-2258

www.CitizensCareCenter.com

Application for Employment

It is the policy of Citizens Care and Rehabilitation Center to recruit, hire, train, compensate, promote and provide other conditions of employment without regard to a person's race, color, religion, sex (including pregnancy), national origin, age, sexual orientation, disability, genetic information, veteran status or other characteristic protected by law.

Date of Application: _____ **Received Date/Office Use Only:** _____

Personal Information

Name: _____ Social Security Number: _____
Last First M.I. (SSN disclosure prior to job offer is voluntary)

Address: _____
Street Address City State Zip

Home Phone #: _____ Cell Phone #: _____

Are you 18 years of age or older? Yes or No (circle one)

Are you authorized to work in the United States? Yes or No (circle one)

(You will be required to show original acceptable documents and complete an Employment Eligibility Verification form (Federal I-9 form).)

Referred by: _____

Emergency Contact Name/Relationship: _____

Emergency Contact Phone #: _____

Employment Desired

Position: _____ Full or Part Time (circle one)

Available to Work: (circle all available) Days Evenings Nights Weekends

Date you can start: _____ Desired Wages: _____

Have you ever applied to Citizens? _____ Have you ever been employed by Citizens? _____

If yes, what was your reason for leaving? _____

Department Manager Use Only

Position hired: _____ Shift: _____ # hours per pay period: _____

Manager Signature: _____

Education

Type	Name	Location	Course/Degree
High School			
GED			
College			
Other			

Training

Type	Issued By (Licensing Board)	Certificate/License #	Expiration Date
Nursing: RN, LPN, GNA (circle one)			
CPR			
Other			

Employment History

List all employment, starting with your present or most-recent employer. Please give complete addresses.

Employer: _____

Position: _____ Employment Dates: From _____ To _____

Street Address: _____ City/State/Zip: _____

Phone #: _____

Reason for Leaving: _____

Employer: _____

Position: _____ Employment Dates: From _____ To _____

Street Address: _____ City/State/Zip: _____

Phone #: _____

Reason for Leaving: _____

Employer: _____

Position: _____ Employment Dates: From _____ To _____

Street Address: _____ City/State/Zip: _____

Phone #: _____

Reason for Leaving: _____

Personal or Professional References

Name/Capacity Known	Address and/or Phone Number	Years Known

Additional Information

Please provide any additional information (including volunteer experience) that you feel may be helpful to us in considering your application. _____

Convictions

Under Maryland law, a background check will be conducted. Have you ever been convicted of, or have you pled guilty or no contest (nolo contendere) to a felony or misdemeanor offense? **Yes or No (circle one)**

If Yes, Provide dates, place of conviction, charge and disposition of each case. This information will not necessarily bar you from consideration for employment. _____

Interview Comments/Office Use Only

Interviewed By: _____ Date: _____

Job Description Overview Physical Capacity Questionnaire Background Authorization

Remarks: _____

Manager Recommendation: Hire or No Hire (circle one)

Human Resource Manager Use Only

Orientation Date: _____ Start Date: _____

Grade/Step: _____ HR Signature: _____

Employment Eligibility

The Immigration Reform and Control Act of 1986 prohibits the employment of unauthorized aliens, and employers are required to verify the employment eligibility of all new employees. An offer of employment with Citizens Care and Rehabilitation Center will be made conditional based on your providing the documentation required by law as evidence of your personal identity and your authorization to work in the United States.

Polygraph Disclaimer

Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

Employee Release and Privacy Statement

Please read carefully before signing.

Under Maryland law, I understand that Citizens Care and Rehabilitation Center is required to conduct a background check and request a reference from my most recent employer which shall, at minimum, inquire about any history of physical abuse. Therefore, I authorize Citizens Care and Rehabilitation Center to investigate my past employment, educational credentials and other employee-related information. I agree to cooperate in such investigations, and release those parties supplying such information to Citizens from all liability or responsibility with respect to information supplied.

I agree that Citizens Care and Rehabilitation Center may use the information it obtains concerning me in the conduct of its business, I understand that such use may include disclosure outside Citizens Care and Rehabilitation Center in those cases where its agents and contractors need such information to perform their functions, where Citizens' legal interests and/or obligations are involved, or where there is a medical emergency involving me. I understand, however, that Citizens intends to protect the confidentiality of personal information it obtains concerning me. Consequently, personal information in Citizens record keeping systems, other than the fact and location of past or present Citizens employment, the dates of employment, or the job name and description of general duties, will not otherwise be disclosed outside Citizens with a personal identifier without my consent. Further, Citizens will require its agents and contractors to safeguard information disclosed to them by Citizens.

I understand that my employment with Citizens would not be for any fixed period of time and that, if employed, I may resign at any time for any reason or Citizens may terminate my employment at any time for any reason in the absence of a specific written agreement to the contrary.

I understand that any false answers or statements made by me on this application or supplement thereto or in connection with the above-mentioned investigation will be sufficient grounds for immediate discharge, if I am employed.

Applicant's Signature _____ **Date** _____

Citizens Care & Rehabilitation Center is an Equal Opportunity Employer