



CALMRA, Inc.

serving people with cognitive disabilities

5020 Sunnyside Avenue, Suite 206 ♦ Beltsville, MD 20705-2307

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APPLICATION FOR EMPLOYMENT

CALMRA, Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, CALMRA, Inc. complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Referred by (please print the staff name here): _____

Position(s) of interest: _____ Date: _____

Applicant's First Name		Middle Name	Last Name	
Present Street Address			Apt. Number	Cell Phone Number
City		State	Zip Code	Home Phone Number
E-mail Address:				Work/Other Phone Number

Are you 18 years of age or older? YES NO Are you authorized to work in the United States of America? YES NO

Do you have a valid U.S. driver's license? YES NO

Driver's license number: _____ State: _____

Are there any limitations to the hours which you can work? YES NO If yes, please detail: _____

What is your anticipated salary with CALMRA, Inc.? \$ _____ Per _____ Hour _____ Year

Have you previously applied with CALMRA, Inc.? YES NO If yes, when? _____

Have you ever been employed by CALMRA, Inc.? YES NO If yes, when? _____

Do you have any relatives employed by CALMRA, Inc.? YES NO If yes, please list: _____

Have you ever been dismissed, terminated, or asked to resign by a previous employer? YES NO

If yes, please explain: _____

How many traffic violations have you been convicted of in the last 3 years? _____

Explain the nature of the offenses: _____

Have you ever been convicted of anything other than a minor traffic violation? YES NO

If yes, please explain: _____

EDUCATION BACKGROUND

LEVEL	DID YOU GRADUATE?	DEGREE/MAJOR	SCHOOL NAME	LOCATION (City/State)
HIGH SCHOOL	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____ (year)			
TRADE/ BUSINESS	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____ (year)			
COLLEGE/ UNIVERSITY	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____ (year)			
GRADUATE/ OTHER	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____ (year)			

CURRENT EMPLOYMENT

Present Employer*			Position Title:
Street Address			Start Date:
City	State	Zip Code	Starting Salary:
Phone Number:	Supervisor:		Current Salary:
Description of responsibilities:			
			*May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYMENT HISTORY**

**Start with most recent employer first. Please list up to 3 previous employers, including any international work.

Employer			Position Title:
Street Address			Start Date: End Date:
City	State	Zip Code	Starting Salary:
Phone Number (or email if outside of U.S.):	Supervisor:		Last Salary:
Description of responsibilities:			
Reason for leaving:			

PREVIOUS EMPLOYMENT HISTORY (continued)

Employer		Position Title:	
Street Address		Start Date:	End Date:
City	State	Zip Code	Starting Salary:
Phone Number (or email if outside of U.S.):	Supervisor:		Last Salary:
Description of responsibilities:			
Reason for leaving:			

Employer		Position Title:	
Street Address		Start Date:	End Date:
City	State	Zip Code	Starting Salary:
Phone Number (or email if outside of U.S.):	Supervisor:		Last Salary:
Description of responsibilities:			
Reason for leaving:			

Please explain any significant gaps in employment (i.e. for school, caring for a child, etc.): _____

EMPLOYMENT REFERENCES

Please list three professional references (i.e. current or past supervisors, managers, co-workers, etc.)

Name (first and last)	Relationship to Applicant	Name of Business/Employer	Contact Number(s)
1			
2			
3			

Have you ever worked with persons with developmental disabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain briefly:

What accommodations, if any, are necessary for you to fulfill the job requirements of the position for which you are applying?

Additional comments by applicant, if desired:

AGREEMENT

Read carefully before signing this application

<ul style="list-style-type: none"> • I hereby affirm that the information provided on this application and/or accompanying résumé is true and complete to the best of my knowledge. • I am aware that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date • I understand that if hired, my employment can be terminated with or without notice at any time, for any reason. • I understand that no management official is authorized to make any assurance or promise of continued employment and that any such pledge or agreement related to continued employment must be in writing and signed by the Executive Director. • It is the policy of CALMRA, Inc. that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the work place. • I understand that if hired, I must be drug and alcohol free when I report to work. • I also understand that CALMRA may, at any time, institute drug testing, and that all employees (full-time and part-time) may be required to report for drug testing according to an established schedule. <p style="text-align: center;">CONSENT FOR RELEASE OF INFORMATION</p> <ul style="list-style-type: none"> • I authorize employers (past and present), schools and other individuals or organizations named in this application and/or accompanying résumé to provide any relevant information that may be required to arrive at an employment decision. • I give permission for information regarding my work performance to be released to CALMRA, Inc., and I understand that this information will be treated as confidential and will not be divulged to me. • I authorize CALMRA, Inc. to view and evaluate social networking web sites for relevant information. • I authorize CALMRA, Inc. to seek any disclosable information regarding me from the Central Registry of Abuse, which is maintained by the Office of Licensing Certification Programs. • I also authorize the Office of Licensing Certification Programs to release the above mentioned information to CALMRA, Inc. • A photocopy or fax of the release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. <p>Signature _____ Date: _____</p>
