



EMPLOYMENT APPLICATION

Last Name		First		M. I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available		Social Security No.	xxx-xx-_____	Desired Salary			
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Do you have any friends, relatives, or acquaintances working for HASA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever been convicted of a criminal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION

College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name			Relationship		
Company			Phone		
Address			Email		
Full Name			Relationship		
Company			Phone		
Address			Email		
Full Name			Relationship		
Company			Phone		
Address			Email		

MILITARY SERVICE

Branch			From		To	
Rank at Discharge			Type of Discharge			
If other than honorable, explain						

RELATIONSHIP TO BOARD MEMBER DISCLOSURE

Are you knowingly related to any members serving on The Hearing and Speech Agency's Board of Directors through family and/or business relationships, yes or no? _____ If Yes, please explain: _____

PREVIOUS EMPLOYMENT						
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		

DISCLAIMER AND SIGNATURE	
<p>"UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION 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 \$100."</p> <p>If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.</p> <p>AUTHORIZATION</p> <p>I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.</p> <p>I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.</p> <p>I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either the Company or me. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.</p> <p>If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy. If I am offered employment, I also agree to submit to a criminal background check and I understand that the results must be received before starting work.</p> <p>I understand that filing out this form does not indicate there is a position open and does not obligate the Company to hire. If hired I agree to abide by all Company work rules policies and procedures. The Company retains the right to revise its policies or procedures in whole or in part, at any time.</p>	
Signature	Date