

# Application for Employment

We are an Equal Employment Opportunity. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status. This application will only be considered for the specific position applied for and will only be considered for 60 days. If the position applied for has not been filled and 45 days have passed, you will have to reapply. If you need help or accommodation completing the application, please contact the business office.

(PLEASE PRINT)

Last Name	First Name	Middle Name	
_____	_____	_____	
Address	City	State	Zip Code
_____	_____	_____	_____
Telephone Number(s)	Email		
_____	_____		

Position(s) Applied for	Salary Desired	
_____	_____	
How Did You Learn About Us?		
Advertisement	Friend	Walk-In
Employment Agency	Relative	Other _____

Are you over 18 years of age? You may not be eligible for certain positions and may be required to provide certain proof of your eligibility to work. Yes                      No

Have you ever filed an application with us or another community where CSM is the management agent? Yes                      No

If Yes, give date & name of community: \_\_\_\_\_

Have you ever been employed with us before? Yes                      No

If Yes, give date: \_\_\_\_\_

Are you currently employed? Yes                      No

May we contact your present employer? Yes                      No  
*Failure to allow us to contact an employer may lead you to being considered not eligible for hire.*

Are you legally eligible for employment in the United States? Yes                      No  
*Proof of legal eligibility for employment will be required.*

On what date would be you available for work? \_\_\_\_\_

Are you available to work:              Full Time              Part Time              Shift Work              Temporary

Preferred working shift: \_\_\_\_\_

# Education Education will only be considered if an essential function of the job.

School Name and Location	High School				Post High School				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study Please list all degrees/certifications/diplomas/apprenticeships/specialized training you have received.												
Describe any honors you have received which are relevant to the position you are seeking.												

Licensed/Certified Applicants: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Type of license/certification held \_\_\_\_\_ State license issued by: \_\_\_\_\_  
 As a licensed/certified professional, have you ever had action taken against you, had your license revoked or suspended, or have you been denied a license in a health-related field.  
 Yes No If yes, describe \_\_\_\_\_  
 \_\_\_\_\_

# Employment References

Give name, address and telephone number of three supervisory references.

Reference Name	Title	Company	Telephone Numbers
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

# Employee Background

Have you ever been convicted of a felony, misdemeanor, or a law violation other than a minor traffic violation? \* Yes      No

*\*Conviction will not automatically bar you from employment, unless it is a "Barrier Crime" as defined by applicable law. The date, nature, and the relationship of the conviction to the position sought will be considered.*

If Yes to above, please explain:

## Employment Experience

Start with your present or last job. Include any Job-related military service assignments and volunteer activities. Each applicant must complete this section, "See Resume" is not sufficient.

<b>1.</b>	_____ <b>Employer</b> _____ <b>Address</b> _____ <b>Telephone Number(s)</b> _____ _____	<b>Dates Employed</b> <b>From:</b> _____ <b>To:</b> _____ <b>Hourly Rate/Salary</b> <b>Starting:</b> _____ <b>Final:</b> _____	<b>Work Performed</b> _____ <b>Job Title</b> _____ <b>Supervisor</b> _____ <b>Reason for Leaving</b> _____ _____
<b>2.</b>	_____ <b>Employer</b> _____ <b>Address</b> _____ <b>Telephone Number(s)</b> _____ _____	<b>Dates Employed</b> <b>From:</b> _____ <b>To:</b> _____ <b>Hourly Rate/Salary</b> <b>Starting:</b> _____ <b>Final:</b> _____	<b>Work Performed</b> _____ <b>Job Title</b> _____ <b>Supervisor</b> _____ <b>Reason for Leaving</b> _____ _____

3.	_____ <b>Employer</b> _____ <b>Address</b>	<b>Dates Employed</b> From: _____ To: _____	<b>Work Performed</b>  
	<b>Telephone Number(s)</b> _____ _____	<b>Hourly Rate/Salary</b> Starting: _____ Final: _____	_____ <b>Job Title</b> _____ <b>Supervisor</b>
<b>Reason for Leaving</b> _____ _____			
4.	_____ <b>Employer</b> _____ <b>Address</b>	<b>Dates Employed</b> From: _____ To: _____	<b>Work Performed</b>  
	<b>Telephone Number(s)</b> _____ _____	<b>Hourly Rate/Salary</b> Starting: _____ Final: _____	_____ <b>Job Title</b> _____ <b>Supervisor</b>
<b>Reason for Leaving</b> _____ _____			

If you need additional space, please continue on a separate sheet of paper

We may contact the employers listed above, unless you indicate those you do not want us to contact. **DO NOT CONTACT:** Employer Number(s)  
*Failure to allow us to contact an employer may lead you to being considered not eligible for hire.*

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge and I certify that I am an authentic job seeker.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days and only for the position sought. Applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time and reapply if necessary.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future for any specific duration and that my employment is at will.

If you decide to contact my previous employers or engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so and I understand that will receive additional information and authorizations on such reports as required by law.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

## **For Office Use Only**

### **Employment Application Supplements:**

- Credit Check Release (OE-01d) – For candidates who will handle cash and financial transactions
- Sworn Statement or Affirmation (OE-25 or OE-25a (Maryland)) – For ALL
- Supplement to Employment Application for Bookkeepers (OE-01c)
- Maintenance Test (OE-01f) – For Maintenance Director and Maintenance Assistant Candidates
- Administrative and Management Essay Supplement to Employment Application – For Management Candidates
- Secretary and Administrative Assistant Test (OE-01h) – For Secretary and Administrative Assistant Candidates
- Consent For Pre-Employment Drug/ Alcohol Testing (OE-85)
- Job Description