BAPTIST FAMILY & CHILDREN'S SERVICES
APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Position Applied For:	
Date of Application:	Salary Required:
Have you previously filed an application with us? ☐ Yes ☐ No	How did you learn about us?
Last Name:	First Name, Middle Initial:
Address (Street):	City, State, Zip Code:
Telephone Number(s) where you can be reached:	E-Mail Address:

Are you currently employed?	☐ Yes	☐ No
May we contact your present employer?	☐ Yes	☐ No
If you are under 18 years of age, can you provide required proof of your eligibility to work?	☐ Yes	☐ No
Are you currently on "lay-off" status and subject to recall?	☐ Yes	☐ No
Can you travel if job requires?	☐ Yes	☐ No
Have you been convicted of a crime within the last 7 years, other than minor traffic citations? If yes, please explain.	☐ Yes	☐ No

Are you available to work ☐ Full-time ☐ Part-time ☐ Shift work ☐ Temporary

Are you legally permitted to work in the United States? ☐ Yes ☐ No

Driving Information

Drivers' licenses you possess:	Points or driving convictions in last five (5) years, if any (explain):
Driver's license Number(s)/State/Expiration Date. No._____State_____Exp.___/___/___ No._____State_____Exp.___/___/___ No._____State_____Exp.___/___/___	Do you have a vehicle available for your use if needed for this position? ☐ Yes ☐ No

EMPLOYMENT EXPERIENCE

Start with your present or last job, and list all your jobs going back 20 years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. Use an additional sheet, if necessary.

Employer:	Work Performed:
Address:	City, State, Zip Code:
Telephone Number(s):	Salary:
Job Title:	Supervisor:
Dates Employed:	Reason For Leaving:

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Address:	City, State, Zip Code:
Telephone Number(s):	Salary:
Job Title:	Supervisor:
Dates Employed:	Reason For Leaving:

EDUCATION

School Name & Location	Years Attended	Course of Study
High School:		
College:		
Graduate School:		

Describe any specialized training, apprenticeship skills and extra-curricular activities:

_____

_____

_____

Describe honors received:

_____

_____

_____

State additional information you feel may be helpful in considering your application:

_____

_____

_____

Indicate any foreign languages you can speak, read and/or write:

Fluent _____

Good _____

Fair _____

REFERENCES

Give name, address and telephone numbers of four professional (non-personal) references, who are not related to you by blood or marriage. Two references must be from previous/current supervisors.

Name(s)	Firm Name & Address	Phone Number	Relationship To You

BACKGROUND INFORMATION

Any applicant who has ever been convicted of a felony including, but not limited to, child sexual abuse, physical abuse, and/or domestic violence or found responsible for indicated child abuse by a government agency should not apply for employment with Baptist Family & Children's Services.

Questions	Yes *(Please initial)*	No *(Please initial)*
Have you ever been charged with a sexual offense relating to children, child abuse, domestic violence or a crime of violence (as the term "crime of violence" is defined by Maryland law)?		
Have you ever been reported to a social service agency, law enforcement authority, child abuse registry or similar organization regarding abuse, neglect or misconduct regarding children? If so, please provide a description of the circumstances, names and address of the entity receiving the report.		
Have you ever been disciplined or dismissed from employment or a volunteer position by any employer, including charitable or religious organization, following an allegation of child abuse, child neglect, sexual misconduct, sexual harassment or other inappropriate behavior or conduct? If so, please describe the circumstances and provide the name and address of the employer.		
Have you ever been the subject of a civil lawsuit, administrative proceeding or an investigation or allegation of abuse, neglect, sexual misconduct, sexual harassment or other immoral behavior or conduct, involving adults or children? If so, please describe the circumstances and provide the name and address of the employer.		

If you answered "yes" to any of the above questions, please explain:

_____

_____

_____

PHYSICAL RECORD

Have you been given a position description or had the requirements of the position explained to you? ☐ Yes ☐ No

Do you understand these requirements? ☐ Yes ☐ No

Can you perform the requirements of this position with or without reasonable accommodation? ☐ Yes ☐ No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may only be changed by a written contract signed by me and by an authorized executive of this organization.

In the event of employment, I understand that, any omission or false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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 $100.00.

_____ _____

Signature ***Date***