

# Carroll Children's Center Application for Employment

**Carroll Children's Center ("CCC")\* considers applicants for all positions without regard to race, color, religion, sex, sexual orientation, gender identity or expression, genetic information or testing, national origin, age, disability, marital or veteran status, or any other legally protected status. Applicants with a disability may be entitled to a reasonable accommodation under terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things normally are done which will ensure an equal opportunity without imposing undue hardship on CCC.**

\*Drs. Green, Scobie & Ashburn, P.A. t/a Carroll Children's Center of Westminster

**Date of Application:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Name	First Name	Middle Name
Current Address	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
Period of time lived at this address: From ____/____/____ until present		
Previous Addresses; within previous 10 years. Indicate most recent first. Use Additional Sheet, if necessary.		
	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
Period of time lived at this address: From ____/____/____ until ____/____/____		
	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
Telephone Number (Home) (Cell)		E-Mail Address

<p><b>Have you ever filed an application with us before?</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If Yes, give date:</b></p> <p style="text-align: center;">____/____/____</p> <p><b>Have you ever been employed with us before?</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If Yes, give date:</b></p> <p style="text-align: center;">____/____/____</p>	<p><b>Indicate times you are available to work:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>AM</th> <th>PM</th> </tr> </thead> <tbody> <tr><td>Monday</td><td></td><td></td></tr> <tr><td>Tuesday</td><td></td><td></td></tr> <tr><td>Wednesday</td><td></td><td></td></tr> <tr><td>Thursday</td><td></td><td></td></tr> <tr><td>Friday</td><td></td><td></td></tr> <tr><td>Saturday</td><td></td><td></td></tr> <tr><td>Sunday</td><td></td><td></td></tr> </tbody> </table>		AM	PM	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			<p><b>What is your desired wage/salary range?</b></p> <p>_____</p> <p><b>Date Available for Work:</b></p> <p style="text-align: center;">____/____/____</p> <p><b>Are you available to work:</b></p> <p style="text-align: center;"><input type="checkbox"/> Full-Time</p> <p style="text-align: center;"><input type="checkbox"/> Part-Time</p> <p style="text-align: center;"><input type="checkbox"/> Temporary</p>
	AM	PM																								
Monday																										
Tuesday																										
Wednesday																										
Thursday																										
Friday																										
Saturday																										
Sunday																										

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**Please indicate any information about change of name, use of an assumed name, or nickname necessary to enable a check on your records.** (Use additional sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

<p><b>Are any of your friends or relatives current or former employees?</b></p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If so, who?</p> <p>_____</p> <p><b>Best time to contact you is:</b></p> <p>_____ : _____ AM/PM</p> <p><b>Are you at least 18 years of age?</b></p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>	<p><b>Are you currently on "lay-off" status and subject to recall?</b></p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><b>Are you legally eligible to work in the USA?</b></p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><b>(Proof of U.S. Citizenship or immigration status will be required upon employment.)</b></p>	<p><b>Positions Applied For:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>
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**How Did You Learn About Us?**

Advertisement               Relative               Inquiry               Employment Agency               Friend               Other

If other, please explain: \_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL INFORMATION**

Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree Earned?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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Describe any specialized training, apprenticeship, skills and extra-curricular activities relevant to the position you are applying for. Exclude information which would reveal gender, race, religion, national origin, sexual orientation, gender identity or expression, age, ancestry, disability or other protected status, or which would reveal trade union membership (Use additional sheet if necessary):

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Describe any job-related training received in the United States Military (Use additional sheet if necessary):

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**LICENSES AND CERTIFICATIONS**

CPR Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	ACLS Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>License / Registration Number</b>	
<b>Organization or State Issued</b>	
<b>Profession</b>	
<b>Date Issued</b>	
<b>Expiration Date</b>	
<b>Any Restrictions On Your License?</b>	
<b>If Restrictions on License, Please Explain</b>	<hr/> <hr/> <hr/>

<b>License / Registration Number</b>	
<b>Organization or State Issued</b>	
<b>Profession</b>	
<b>Date Issued</b>	
<b>Expiration Date</b>	
<b>Any Restrictions On Your License?</b>	
<b>If Restrictions on License, Please Explain</b>	<hr/> <hr/> <hr/>

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<b>Date Issued</b>	
<b>Expiration Date</b>	
<b>Any Restrictions On Your License?</b>	
<b>If Restrictions on License, Please Explain</b>	<hr/> <hr/> <hr/>

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**MISCELLANEOUS**

**Have you been convicted of any crimes or have any pending criminal charges (you may exclude minor traffic violations and any convictions that have been expunged or for which you have been pardoned)?**

- Yes                       No

**If yes, please state, for each conviction/pending charge: the city, county and state of the conviction/pending charge, the crime(s) for which you were convicted/charged and the month and year of the conviction/charge. A record of criminal convictions or pending charge will not necessarily bar you from employment. The nature of the conviction/charge and job applied for, time since the conviction/charge, and rehabilitation will be considered. Use additional sheet if necessary.**

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**Have you ever been bonded? If yes, indicate the approximate date granted, bonding company, and the employer's name and address.**

- Yes                       No

Date: \_\_\_\_\_ Bonding Company: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Has bond ever been refused or revoked for you?**

- Yes                       No

**In case of emergency, who shall we notify?**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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## EMPLOYMENT HISTORY

Please give an accurate, complete record of full-time and part-time employment. **Start with present or most recent employer.** Use and/or attach additional sheet(s) if necessary. You may attach a resume to this application in lieu of completing all of this section; however, **you must still provide the information requested below which is not on the resume.**

<b>1</b>	Company Name	Telephone Number
	Address	Employed (Month and Year) From: To:
	Name and Title of Supervisor	Last Pay Rate:
	State Job Title and Briefly Describe Your Work, including number of people supervised:	Reason for Leaving
	May we contact at this time: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Significant Disciplinary Problems/Actions (Including Any Suspension or Termination) – Include Description and Month/Year	

<b>2</b>	Company Name	Telephone Number
	Address	Employed (Month and Year) From: To:
	Name and Title of Supervisor	Last Pay Rate:
	State Job Title and Briefly Describe Your Work, including number of people supervised:	Reason for Leaving
	May we contact at this time: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Significant Disciplinary Problems/Actions (Including Any Suspension or Termination) – Include Description and Month/Year	

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<b>3</b>	Company Name	Telephone Number
	Address	Employed (Month and Year) From:  To:
	Name and Title of Supervisor	Last Pay Rate:
	State Job Title and Briefly Describe Your Work, including number of people supervised:	Reason for Leaving
	May we contact at this time: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Significant Disciplinary Problems/Actions (Including Any Suspension or Termination) – Include Description and Month/Year	

**ADDITIONAL INFORMATION**

**Other Qualifications:**

**Summarize special job related skills and qualifications acquired from employment or other experience (Use additional sheet if necessary)**

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**Specialized Skills:**

**Please check all skills known/equipment operated:**

- Word                       Excel  
 Medical Transcription    Medical Terminology  
 Keyboard Speed          \_\_\_\_\_ WPM

**Other Equipment/Technical Skills**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Membership and Offices in Professional or Civic Organizations:**

*Exclude membership which would reveal gender, race, religion, national origin, sexual orientation, gender identity or expression, age, ancestry, disability or other protected status, or which would reveal trade union membership (Use additional sheet if necessary):*

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**State any additional information you feel may be helpful to us in considering your application. Exclude information which would reveal gender, race, religion, national origin, sexual orientation, gender identity or expression, age, ancestry, disability or other protected status, or which would reveal trade union membership. (Use additional sheet if necessary)**

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**Are you capable of performing the essential functions of the job(s) for which you are applying, with or without reasonable accommodation? Do not answer this question if you have not been informed about the requirements of the job(s) for which you are applying.**

\_\_\_ YES \_\_\_ NO

If yes, and reasonable accommodation(s) would be needed, please describe the accommodation(s) (Use additional sheet if necessary)

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**Are you currently under investigation by any administrative agency, regulatory agency, self-regulatory organization, professional association, state licensing authority, or board governing conduct for a specific profession or occupation, including, but not limited to, the DEA, Maryland Board of Physicians, Maryland Board of Nursing, etc. for a violation of any rules, regulations, or statutes?**

\_\_\_ YES \_\_\_ NO

If yes, please explain (use additional sheet if necessary)

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**Has any administrative agency, regulatory agency, self-regulatory organization, professional association, state licensing authority, or board governing conduct for a specific profession or occupation, including, but not limited to, the DEA, Maryland Board of Physicians, Maryland Board of Nursing, etc., ever found you to be in violation of any rules, regulations, or statutes?**

\_\_\_ YES \_\_\_ NO

If yes, please explain (use additional sheet if necessary)

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**REFERENCES – CHARACTER OR PROFESSIONAL (We may contact.)**

1.	_____	_____	_____
	Name	Phone Number	Character or Professional?
	_____		
	Address		
2.	_____	_____	_____
	Name	Phone Number	Character or Professional?
	_____		
	Address		
3.	_____	_____	_____
	Name	Phone Number	Character or Professional?
	_____		
	Address		

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**READ CAREFULLY BEFORE SIGNING**

- I authorize the investigation of all statements contained in this application and any attachments and authorize any persons or organizations referenced in this application to furnish CCC any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, regarding any subjects covered by this application and release all such parties from any and all liability or damages that may result from their furnishing such information to CCC.
- I understand that CCC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
- I understand that if I am offered employment with CCC, the offer may be contingent upon results acceptable to CCC on a subsequently conducted background check and/or drug screen. I authorize CCC to conduct such a background check and/or drug screen, which may include some or all of the following: (1) a consumer or investigative consumer report, (2) credit report, (3) criminal background check, (4) a motor vehicle report, (5) employment verification, (6) education verification, (7) license and credential verification, and (8) successfully passing a drug screen. (Please note that a criminal conviction record or pending charge is not an automatic bar to employment and such record/charge will be used only for job-related purposes and only to the extent permitted by applicable law.)
- I understand all offers of employment are conditional upon my production of documents necessary for CCC to verify my identity and work authorization in accordance with requirements of the Department of Homeland Security, U.S. Citizenship and Immigration Services.
- In the event I become an employee of CCC, I agree to comply with all rules and regulations of CCC and understand that the rules and regulations may be changed, interpreted, withdrawn or added to by CCC at any time, with or without notice, consistent with law and that I may be terminated or disciplined for any violations.
- If CCC advances me any leave, compensation or other money, or provides me with anything for my personal use, value, or benefit (or for someone else at my request, for which I take financial responsibility) which has not been repaid, or paid for, by me, or if I fail to return CCC property in my possession upon a request by CCC to do so, or if I damage said property, I agree that CCC may withhold from any monies due and owing to me the amount or amounts necessary to repay any such advances owed, to pay for everything not recovered, or to pay for any damages caused because of unreturned or damaged property. I agree CCC may withhold from any monies due and owing to me any deductions which I have otherwise authorized.
- I also agree that all papers, keys, identification cards, credit cards, tools, equipment or other property furnished by CCC to me shall remain the property of CCC and upon any request from CCC or at the termination of my employment, I will surrender such property to CCC.
- I further understand that if I become employed by CCC, notwithstanding anything else contained in this application or any other document or communication which may appear to be to the contrary (except for an Employment Agreement signed by an authorized officer of CCC), my employment with CCC will be on an "at-will" basis and that I or CCC may terminate my employment at any time, with or without cause, and with or without notice. I understand that no agent, representative, or employee of CCC other than an authorized officer (and then only in a written agreement signed by an authorized officer) has any authority to enter into any agreement with me for an employment arrangement other than on an "at-will" basis and nothing contained in the policies, procedures, handbooks, or any other documents of CCC shall in any way create an express or implied contract of employment.
- All persons who are offered employment with CCC and who are "disabled" as defined by the Americans with Disabilities Act ("ADA") or by any applicable state or local laws are invited to inform CCC of any reasonable accommodation(s) they may need in order to perform the essential functions of any position they are offered.
- I certify that the information contained on this application is correct. **I understand that the misstatement or omission of information called for in this application, or in any attachments, will, unless there are mitigating circumstances satisfactory to CCC, result in: (i) cancellation of further consideration of my application; (ii) a refusal to hire me; or (iii) if I am hired, my immediate dismissal, whenever the misstatement or omission is discovered.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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 POLYGRAPH EXAMINATION OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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