

Independence Now, Inc.
12301 Old Columbia Pike, Suite 101
Silver Spring, MD 20904

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer--All applicants are considered for all positions without regard to race, color, religion, sex (including pregnancy, childbirth or related medical conditions), national origin, ancestry, age, disability, family care status, veteran status, marital status, sexual orientation or any other characteristic protected by law.

Please print or type Complete all information

LAST NAME: _____ FIRST NAME: _____ M.I. _____

STREET ADDRESS: _____ APT. NO. _____

CITY: _____ STATE _____ ZIPCODE _____

TELEPHONE: HOME: () _____ WORK: () _____ OTHER: () _____

Date of Birth: _____ Social Security number: _____

Are you legally eligible to work in the United States? __Yes __No ID required prior to employment

List position you are applying for: _____

On what date would you be available to begin work? _____

Days & Hours Available to work: _____

Have you ever been employed with this agency? Yes No If yes, when?

REQUIREMENT TO DISCLOSE PRIOR CONVICTIONS OR PENDING CRIMINAL CHARGES

All positions at Independence Now, Inc. require that a criminal background be performed. Employment may be denied based upon the findings of this background check. Failure to disclose prior criminal offenses or pending criminal charges is perjury under Section 5-566 of the Maryland Code and may be reported to the authorities for further action.

S 5-566 MC Prior Criminal Offenses or Pending Criminal Charges requiring disclosure include: murder; child abuse; rape; a sexual offense involving a minor, a non-consenting adult, or a person who is disabled; child pornography; kidnapping of a child; child abduction; OR other serious offenses including drug use or distribution.

SWORN STATEMENT:

I authorize Independence Now to solicit information about my criminal background history. I hereby swear or affirm that I have not been convicted or charged with any of the aforementioned crimes listed in S 5-566 MC

X _____ . _____ . _____
Applicant Signature Agency Witness Date

EMPLOYMENT EXPERIENCE

Begin with your most recent experience. List all positions held in the last 7 years in and outside the US in date order. Include school, military service and/or volunteer work.
Explain dates that are not accounted for on the application, i.e., unemployed 6/2001-12/2001 or maternity time 9/2004-Present.

Company Name: _____ Employed: From: _____ To: _____
Address: _____ Wages: Starting _____ Ending _____
City: _____ State: _____ Zip code: _____ Reason for Leaving: _____
Direct Supervisor: _____
Company Telephone or fax # _____ May we contact this employer for references?
JOB TITLE: _____ Yes No
WORK PERFORMED: _____

Company Name: _____ Employed: From: _____ To: _____
Address: _____ Wages: Starting _____ Ending _____
City: _____ State: _____ Zip code: _____ Reason for Leaving: _____
Direct Supervisor: _____
Company Telephone or fax # _____ May we contact this employer for references?
JOB TITLE: _____ Yes No
WORK PERFORMED: _____

Company Name: _____ Employed: From: _____ To: _____
Address: _____ Wages: Starting _____ Ending _____
City: _____ State: _____ Zip code: _____ Reason for Leaving: _____
Direct Supervisor: _____
Company Telephone or fax # _____ May we contact this employer for references?
JOB TITLE: _____ Yes No
WORK PERFORMED: _____

AUTHORIZATION TO OBTAIN PROFESSIONAL REFERENCE CHECK

To comply with State and Local Laws governing facilities that serve in the public interest, Independence Now, Inc. must obtain at **least 2 references** for each employee.

I authorize Independence Now, Inc. to contact approved listed employers, personal references and schools to investigate any information pertaining to current and past work history and release all parties from any liability with respect to information given. I understand that all information on this application will be kept confidential.

X Applicant Signature: _____ Date: _____

EDUCATION AND PROFESSIONAL SKILLS

High School or GED Certificate	Undergraduate College/Univ.	Graduate/Professional
Name: _____	University: _____	Univ/School: _____
City/State: _____	City/State: _____	City/State: _____
High School	Degree: <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> BS	Degree: <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other
Years Completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Field of Study: _____	Field of Study: _____
	Years Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Years <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

Have you previously worked with individuals with disabilities? Yes No
 Please include any volunteer, private or home experience. **If yes, please explain:**

Other: Civic Activities
Professional Organizations or Memberships

Personal References

Name	Address	Title/Relationship	Day-Time Telephone#

Please Indicate languages your can speak, read and/or write:

Languages	Speak	Read	Write
	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair.
	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair.
	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair.

In what computer software are you proficient?

Windows
 MS Word
 Excel
 Access
 PowerPoint
 Other: _____ WordPerfect

NOTE: This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to vacancies and if applications are being accepted.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- In consideration of my employment, I agree to conform to the policies and procedures of the agency. I understand that in accepting this application, the agency is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed “at will” and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.
- This agency is a “Drug Free Workplace”. I understand I may be subject to pre-employment and random drug testing.
- I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

X 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 OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND IS SUBJECT TO A FINE NOT EXCEEDING \$100.00