

Applicants Name \_\_\_\_\_

Date \_\_\_\_\_

Position Applied for \_\_\_\_\_

Received \_\_\_\_\_

# EMPLOYMENT APPLICATION



## **Family Healthcare of Hagerstown**

201 S. Cleveland Avenue  
Hagerstown, MD 21740  
301-745-3777  
301-393-3428 (fax)

*We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, age, national origin or disability.*

**PERSONAL**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last, First Middle

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Cell # \_\_\_\_\_

Position Applied for \_\_\_\_\_ Desired Salary \$ \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Flex Staff \_\_\_\_\_ Date available to begin work \_\_\_\_\_

Do you have any relatives employed at Family Healthcare of Hagerstown?  
\_\_\_\_\_ No \_\_\_\_\_ Yes Department \_\_\_\_\_ Please list \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you under the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you legally entitled to work in the United States?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Were you ever convicted of a crime? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, explain: \_\_\_\_\_

\*A record of a criminal conviction will not necessarily bar you from employment. In making our decision, we will consider many factors, such as the age and time of the offense involved, the seriousness and nature of the violation, and whether you have been rehabilitated. We will also consider the nature of the job for which you are applying.\*

**EDUCATION/SKILLS**

School	Name & Address of School	Course of Study	Mark Year Completed	Did you graduate?	List Diploma or Degree
High			9 10 11 12		
College			1 2 3 4		
College			1 2 3 4		

Other training or special courses (including computer skills) \_\_\_\_\_  
\_\_\_\_\_ Typing Approx WPM \_\_\_\_\_

Areas of specialization or major interest \_\_\_\_\_

List healthcare, business or industrial equipment operated \_\_\_\_\_

Professional licenses and/or certifications  
Are you currently: \_\_\_\_\_ Registered \_\_\_\_\_ Licensed \_\_\_\_\_ Certified  
Are you eligible for: \_\_\_\_\_ Registration \_\_\_\_\_ Licensure \_\_\_\_\_ Certification  
If licensed, registered or certified:

Type \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ Number \_\_\_\_\_

Type \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ Number \_\_\_\_\_

Have you ever been suspended, sanctioned or otherwise restricted from participating in any private, federal or state health insurance program (for example: Medicare, Medicaid)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been the subject of any investigation by any private, federal or state agency concerning your participation in any private, federal or state health insurance program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Within one year prior to the date of this application, have you been employed by any of the following agencies? (check all that apply)  
\_\_\_\_\_ Maryland Medicaid (Medical Assistance) \_\_\_\_\_ Maryland Medicaid Fraud Control Unit \_\_\_\_\_ Wellmark, Inc.  
\_\_\_\_\_ Maryland Medicare Part A (Blue Cross/Blue Shield) \_\_\_\_\_ Administar Federal \_\_\_\_\_ Trailblazers. Inc.

**MILITARY RECORD**

Were you in the US Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Do you have any experience from your military service that would be relevant to the job(s) for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Rank at discharge \_\_\_\_\_ Selective Service Class \_\_\_\_\_

**EMPLOYMENT HISTORY**

List current position first, then next previous in order.

If any employment was under a different name, indicate name \_\_\_\_\_

**1) Name of Company** \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Date Hired \_\_\_\_\_ Last Date \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_ Voluntary \_\_\_\_ Involuntary May we communicate with this employer?

(Explain) \_\_\_\_\_ Yes \_\_\_\_ No

Name and Phone # of immediate supervisor (include title) \_\_\_\_\_

Description of duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2) Name of Company** \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Date Hired \_\_\_\_\_ Last Date \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_ Voluntary \_\_\_\_ Involuntary May we communicate with this employer?

(Explain) \_\_\_\_\_ Yes \_\_\_\_ No

Name and Phone # of immediate supervisor (include title) \_\_\_\_\_

Description of duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3) Name of Company** \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Date Hired \_\_\_\_\_ Last Date \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_ Voluntary \_\_\_\_ Involuntary May we communicate with this employer?

(Explain) \_\_\_\_\_ Yes \_\_\_\_ No

Name and Phone # of immediate supervisor (include title) \_\_\_\_\_

Description of duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged from any employment or asked to resign? \_\_\_\_ No \_\_\_\_ Yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any family, personal, business or other reasons that would prevent you from performing in a consistent manner? \_\_\_\_ Yes \_\_\_\_ No If yes, please comment \_\_\_\_\_

Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied and have not listed previously. (You may omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability or other personal traits you prefer not to disclose.) \_\_\_\_\_

Please add any additional information (except that which identifies your race, sex, age, religion, national, origin, disability or other non-job related personal information) that you think may be relevant to a decision to hire you. \_\_\_\_\_

I have read and understand the following statement: **"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 FOR EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00."**

Signature \_\_\_\_\_ Date \_\_\_\_\_

***NOTICE: The Family Healthcare of Hagerstown has a general preference for "non-smokers."***

**AGREEMENT**

I hereby affirm that all statements made herein are true and correct to the best of my knowledge. I authorize Family Healthcare of Hagerstown to conduct whatever evaluation they deem necessary to confirm statements submitted on this application. If the evaluation determines any untrue statements are made, I understand this may be sufficient grounds for immediate dismissal.

I authorize Family Healthcare of Hagerstown and also authorize and request each former employer and person, firm and corporation given as a reference to answer any and all questions that may be sought in connection with this application.

I agree to submit myself, upon request, for a physical examination by Family Healthcare of Hagerstown and understand that employment is subject to meeting medical standards. In addition, if accepted for employment I hereby agree to abide by the rules and policies of my employer.

I understand that Family Healthcare of Hagerstown's mission is to serve the needs of the patients and that changes of hours/shifts/weekends may be required to meet these needs.

I understand that nothing contained on this employment application is intended to create an employment contract between Family Healthcare of Hagerstown and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be at will, and that Family Healthcare of Hagerstown has the right to terminate my employment at any time for any reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_