



Note: You must first download this application to your computer, then complete and email it.

APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____
 Last First Middle

Present Address: _____
 Street City State Zip

Permanent Address: _____
 (if different) Street City State Zip

Telephone: _____ Email Address: _____

Are you legally authorized to work in the United States? Yes ___ No ___

Note: Service Coordination only hires U.S. citizens, permanent residents and aliens lawfully authorized to accept employment in the United States. If a conditional offer of employment is made, you will be required to provide proof of authorization to work in the U.S.

Are you 18 years or older? Yes ___ No ___ Note: If hired, you may be required to submit proof of age.

Employment Position Desired: _____ Date you can start: _____

Expected Salary: _____ Have you ever applied to this organization before? Yes ___ No ___

If so, where? _____ When? _____

COMPLETE THE EDUCATION INFORMATION

Education	Name & Location of School	Dates Attended		Degree	Major/Field
		From	To		
High School		////////	////////		
College		////////	////////		
Graduate or Professional Programs					
Military, Trade, Business or Correspondence School					

ADDITIONAL QUALIFICATIONS: (Include active technical/professional licenses and numbers, academic or professional awards): _____

Languages Spoken or Read
(Including Signing and Braille): _____

Skills:

Computer (which programs):

Other:

COMPLETE THE EMPLOYMENT INFORMATION

Describe your work experience in detail, beginning with your current or most recent job and include your complete employment history for at least the last 10 years. Use a separate block to describe each position. Include military service and job related volunteer work, if applicable. Provide an explanation of any gaps in employment. All information in this section must be completed. Resume information cannot be accepted in lieu of application requested information.

EMPLOYER COMPANY NAME:		TYPE OF BUSINESS	
STREET OR MAILING ADDRESS		YOUR OFFICIAL JOB TITLE	
CITY AND STATE	TELEPHONE	REASON FOR LEAVING	
DATES OF EMPLOYMENT (MM/DD/YR) FROM TO		SALARY	NAME (S), IF DIFFERENT, WHILE EMPLOYED WITH THIS EMPLOYER:
DUTIES			
NAME OF SUPERVISOR		TITLE	TELEPHONE
ALTERNATE NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:		TITLE	TELEPHONE

EMPLOYER COMPANY NAME:		TYPE OF BUSINESS	
STREET OR MAILING ADDRESS		YOUR OFFICIAL JOB TITLE	
CITY AND STATE	TELEPHONE	REASON FOR LEAVING	
DATES OF EMPLOYMENT (MM/DD/YR) FROM TO		SALARY	NAME (S), IF DIFFERENT, WHILE EMPLOYED WITH THIS EMPLOYER:
DUTIES			
NAME OF SUPERVISOR		TITLE	TELEPHONE
ALTERNATE NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:		TITLE	TELEPHONE

CONTINUED: COMPLETE THE EMPLOYMENT INFORMATION

EMPLOYER COMPANY NAME:		TYPE OF BUSINESS	
STREET OR MAILING ADDRESS		YOUR OFFICIAL JOB TITLE	
CITY AND STATE	TELEPHONE	REASON FOR LEAVING	
DATES OF EMPLOYMENT (MM/DD/YR) FROM TO	SALARY	NAME (S), IF DIFFERENT, WHILE EMPLOYED WITH THIS EMPLOYER:	
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DUTIES			
NAME OF SUPERVISOR		TITLE	TELEPHONE
ALTERNATE NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:		TITLE	TELEPHONE

Are you employed now? Yes ____ No ____

If so, may we request a reference from your present employer? Yes ____ No ____

May we request a reference from the previous employers listed on this application? Yes ____ No ____

REFERENCES (Please provide a minimum of **three direct supervisory/professional business references**):

NAME	ADDRESS	BUSINESS & POSITION	TELEPHONE

GENERAL INFORMATION:

How did you hear of this position? _____

If you were referred by an employee, please list their name: _____

Have you ever been dismissed or asked to resign from any position? Yes ____ No ____

If yes, please explain: _____

Have you ever been convicted of a crime that has not been expunged? Yes ____ No ____

If yes, give the date, place of conviction, charge and disposition of each case.

Note: A conviction record will not automatically exclude you from employment consideration:

Have you ever had your driver's license suspended, revoked or had your driving privileges modified by a court of law? Yes ____ No ____

Please list below any additional information you consider pertinent to your application for employment (including school honors, organization memberships, unique skills, etc.):

In order to avoid a delay in the processing of your application, please be sure you have signed and dated the form below and that you have answered every question clearly and completely.

Upon acceptance of employment, I, the undersigned, understand that as part of the employment requirements, I will have to obtain a health examination, current driving record, and Criminal History and background check at my own expense to submit to the agency on or before the first day of employment.

I, the undersigned, understand that all offers of employment are contingent upon successfully meeting all Service Coordination Inc. employment requirements.

I, the undersigned, certify that I have read and fully comprehend this form in its entirety and that the information provided herein is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or my discharge. In submitting this application, I further understand that it becomes the property of Service Coordination, Inc. and will not be returned.

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 TEST OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Signature of Applicant

Date Signed

SAVE A COPY FOR YOUR RECORDS, THEN EMAIL TO hr@servicecoordinationinc.org

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Hired: Yes ___ No ___ Position: _____ Dept: _____

Salary/Wage _____ Date Reporting to Work: _____

Approved: 1. _____ 2. _____ 3. _____

AN EQUAL OPPORTUNITY EMPLOYER