

HOPE HOUSE TREATMENT CENTERS

26 Marbury Drive 419 Main Street
Crownsville, Maryland 21032 Laurel, Maryland 20707
Phone: 410-923-6700 Phone: 301-490-5551

Fax: 410-923-6213 Fax: 301-490-2517

www.hopehousemd.org

EMPLOYMENT APPLICATION

Name:					SSN	J:	
Last	First	Middle					
			none: mail Addres		Cell	1:	
Position applying for:			Full-1	time	P	art-time	PRN
Start date:	Specify hours of	availability:					
Minimum Salary:	/hour Referred by:						
Have you ever worked at I	Hope House Treatment Centers b	efore? Yes	No If	yes, whe	en?		
Have you ever been convicient oxicants? Yes	to work in the United States? cted of, or plead guilty to, a felony No If yes, please list date(s), o ily a bar for employment. Convic	y or misdemean offense(s), and v ctions will be cor	or, includin vhere convic nsidered onl	eted on a y as rela	a separa	ate sheet o	of paper. A
ТҮРЕ	NAME & LOCATION		HIGHEST LEVEL COMPLETED				
High School			9	10	11	12	GED
College				PN MA or M	RN IS	BA of MD or l	or BS PhD
TYPE	NAME & LOCATION		SPECIALT	rv sti i	DIFD		
Trade	MINILALOCATION		oi Leine	1 010	עניניט		
Business							
Are you licensed or certifi	ed in this specialty? Yes	No					

PROFESSIONAL LICENSURE AND/OR CERTIFICATION

Please list any professional license or certification you hold that pertains to the job for which you are applying.

TYPE OF LICENSE/CERTIFICATION	ISSUED BY	DATE RECEIVED	EXPIRATION DATE

EMPLOYMENT EXPERIENCE

Please list your last four employers, starting with your present or last place of employment.

NAME & ADDRESS OF EMPLOYER	POSITION		SUPERVISOR		
Employment Dates:		Salary:	/hour		
Reason for Leaving:		May we contact	this employer?	Yes	No
NAME & ADDRESS OF EMPLOYER	POSITION		SUPERVISOR		
Employment Dates:		Salary:	/hour		
Reason for Leaving:		May we contact this employer?		Yes	No
NAME & ADDRESS OF EMPLOYER	POSITION		SUPERVISOR		
Employment Dates:		Salary:	/hour		
Reason for Leaving:	May we contact	Yes	No		
NAME & ADDRESS OF EMPLOYER	POSITION		SUPERVISOR		
NAME & ADDRESS OF EMPLOYER	POSITION		SUPERVISOR		
NAME & ADDRESS OF EMPLOYER	POSITION		SUPERVISOR		
NAME & ADDRESS OF EMPLOYER	POSITION		SUPERVISOR		
NAME & ADDRESS OF EMPLOYER Employment Dates:		Salary:			
		•	/hour	Yes	No
Employment Dates:		•	/hour	Yes	No

REFERENCES

Please list the name, address and telephone number of three references who can attest to your employment capabilities, and/or your clinical skills, if appropriate. Do not repeat the supervisors above or list relatives.

NAME & POSITION	ADDRESS	TELEPHONE NUMBER				
	LIE DETECTOR NOTICE	Ξ				
Under Maryland law, an employer may	not require or demand, as a condition of	employment, prospective employment.				
	dividual submit to or take a lie detector tes					
guilty of a misdemeanor and subject to a fine not exceeding \$100.						
		•				
Applicant Signature:		Date:				
APPLICANT CERTIFICATION - Please:	read carefully. I understand that this appli	cation is not a contract, offer or promise				
of employment. I acknowledge that emp	oloyment with Hope House is on an employ	yment at will basis. This means that my				
employment with Hope House can be terminated at any time, with or without cause or advance notice and acceptance of						
employment is not a contract of employment for any specified time. I am also free to terminate my employment with						
Hope House at any time for any reason. This at-will provision may be modified or waived only in a written agreement						
signed by the Hope House Executive Director and me.						
I further understand that I am responsib	ole for being familiar with Hope House pol	licies and procedures, rules and				
regulations, and I understand that Hope House has complete discretion to modify its policies, rules, regulations, and						
practices at any time, to the extent permitted by federal, state, and local law, except that it will not modify its policy of						
employment at will. By my continued employment with Hope House, I consent to any such changes.						
I certify that the above information is complete and accurate to the best of my knowledge. I understand that any						
falsification, misrepresentation or omission of information on this form or relating to my application of employment						
may result in my denial of employment	or, if employed, my immediate dismissal.					
	gents to confirm all statements contained	'				
extent permitted by federal, state or local law and I agree to complete any requisite authorization forms.* I release all						
parties from any liability arising out of t	this provision and the use of such information	tion.				
Applicant Signature:		Date:				
COUNTAINE SIZUALUIT.		DATE.				

 $^{{}^{*}\}text{Federal law requires a separate release form when obtaining Consumer Credit Reports}.$