

EDUCATION

Circle Highest Grade Completed : Grade School				High School				College				Graduate			
1 2 3 4 5 6 7 8				9 10 11 12				1 2 3 4				1 2 3 4			
Type	Name & Address				Degree or Program				Course of Study						
High School															
College															
Graduate/Professional															
Specialized Training, Apprenticeship, Skills															
Honors & Awards															

PRESENT OR MOST RECENT EMPLOYMENT

Name of Company:	Address (Number & Street)	City/State/Zip:	Telephone Number:
Position:	Start Date: End Date:	Starting Salary:	Ending Salary:
Supervisor's Name:	Reason for leaving:	Were you discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact present Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe duties:		

PREVIOUS EMPLOYMENT

(List Your Most Recent Past Employment First, etc.)

Name of Company:	Address(Number & Street):	City/State/Zip:	Telephone Number:
Position:	Start Date:	End Date:	Starting Salary:
Supervisor's Name:	Reason for leaving:	Were you discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe duties:			

PREVIOUS EMPLOYMENT

(Continued)

Name of Company:	Address (Number & Street)	City/State/Zip:	Telephone Number:
Position:	Start Date:	End Date:	Starting Salary:
			Ending Salary:
Supervisor's Name:	Reason for leaving:	Were you discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe duties:			

SKILLS

(Please check all skills in which you have experience.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Adding Machine | <input type="checkbox"/> 90 Hr Child Care Certificate |
| <input type="checkbox"/> Database Design | <input type="checkbox"/> Office Equipment (Copier, Fax, etc.) | <input type="checkbox"/> Current Lifeguard Certification |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> IBM PC/Compatible | <input type="checkbox"/> Current First Aid Certification |
| <input type="checkbox"/> Type (____ wpm) | <input type="checkbox"/> Customer Service Experience | <input type="checkbox"/> Current CPR Certification |

If appropriate to the position you seek, list the certifications you possess or any related experience: _____

U.S. MILITARY SERVICE

Branch of Military:	Date you entered the service:	Date you were discharged/Retired:	Honorable Discharge?
If Honorable discharge, please explain:			
Describe military duties, experience, training and skills relevant to the position you are seeking:			

REFERENCES

(Please list three business references we may contact concerning you. If you have no previous business references, please provide three non-relative adult character references such as a teacher, neighbor, coach, or clergy)

Name	Address	Telephone Number	Relationship to You

REFERENCE RELEASE STATEMENT and SIGNATURE

I, _____, having filed an application to work as a (n) _____ (position sought) at Community Assistance Network do hereby authorize Community Assistance Network to seek from school officials, doctors, previous employers, and other person, firms or institutions, and further authorize the persons, firms or institutions contacted by the Community Assistance Network to release to it any and all information in their knowledge or possession pertaining to my employment history or my qualifications and ability to work at the above-named job, including but not limited to information and opinions pertaining to the nature of my former job, and job duties, how I performed those duties, my salary history, my attendance record, my character, my academic record and my performance, behavior, attitude or other problems or good points perceived by them. Further, I authorize COMMUNITY ASSISTANCE NETWORK to seek from any and all law enforcement agencies having information concerning any investigations, and any all documentation, test results or information of any type obtained from any source during the course of such investigations, other than records relating solely to charges that have been expunged. I also authorize said law enforcement agencies to release this information to COMMUNITY ASSISTANCE NETWORK. I release, promise to hold harmless and covenant not to sue COMMUNITY ASSISTANCE NETWORK, its agents or employees on the basis of its attempts to obtain any of the foregoing information and I further release, promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to COMMUNITY ASSISTANCE NETWORK, its agents or employees on the basis of then-disclosures. I have signed this release voluntarily and of my own free will.

I understand this document is not an offer of employment. The information in this application is true and complete. I authorize COMMUNITY ASSISTANCE NETWORK to investigate statements. I understand that misrepresentation or omission of fact during hiring or employment is cause for dismissal. I further understand that COMMUNITY ASSISTANCE NETWORK may require successful completion of a physical examination as a condition of employment

I understand that, if hired, I will be an employee at-will. I would have the right to terminate my employment at any time for any reason; COMMUNITY ASSISTANCE NETWORK should enjoy a similar right, regardless of cause. My status as an employee may only be modified by a written contract of employment, signed by an appropriate officer of COMMUNITY ASSISTANCE NETWORK.

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

Signature

Date