

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
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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

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

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. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

Applicant Signature: _____ Date: _____

APPLICANT CERTIFICATION - Please read carefully. I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment with Hope House is on an employment 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 responsible for being familiar with Hope House policies 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.

I hereby authorize Hope House, and its agents to confirm all statements contained in this application and/or resume to the 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 this provision and the use of such information.

Applicant Signature: _____ Date: _____

*Federal law requires a separate release form when obtaining Consumer Credit Reports.