

Specialty Care Services

8555 16th Street ♦ Suite 101 ♦ Silver Spring, MD 20910

Telephone: (301) 585-6300 ♦ Fax: (301) 585-0300

EMAIL ADDRESS:

EMPLOYMENT APPLICATION / FIELD STAFF

Personal Information

Last		First		Middle		Today's	
Name						Date	
Street		Apt.		City		State Zip	
Address							
Social Security No.		Home #				Cell #	
Have you been convicted of a crime other than a minor traffic violation in the last 5 years?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES," give date, place, charge, disposition and rehabilitation program:							
Emergency Contact:				Phone: <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Cell			
Resident Status:		US Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL:			

Job Information

Position Applying For: _____ Date Available: _____

Availability	SUN	MON	TUES	WED	THURS	FRI	SAT
Morning							
Evening							
Night							

Employment History

List your last 4 employers beginning with the most recent.

Employer Name	Position/ Title	<input type="checkbox"/> Part-time <input type="checkbox"/> Full Time	Dates Employed	
			From:	To:
Address	City	State	Zip	
Supervisor's Name	Telephone Number	Ext.	Salary	
			Begin	End
Reason for Leaving:				

Employer Name	Position/ Title	<input type="checkbox"/> Part-time <input type="checkbox"/> Full Time	Dates Employed	
			From:	To:
Address	City	State	Zip	
Supervisor's Name	Telephone Number	Ext.	Salary	
			Begin	End
Reason for Leaving:				

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Employer Name	Position/ Title	<input type="checkbox"/> Part-time <input type="checkbox"/> Full Time	Dates Employed	
			From:	To:
Address	City	State	Zip	
Supervisor's Name	Telephone Number	Ext.	Salary	
			Begin	End
Reason for Leaving:				

Employer Name	Position/ Title	<input type="checkbox"/> Part-time <input type="checkbox"/> Full Time	Dates Employed	
			From:	To:
Address	City	State	Zip	
Supervisor's Name	Telephone Number	Ext.	Salary	
			Begin	End
Reason for Leaving:				

If you have worked at any of these positions under a different name, please give the name, and state which employer(s):

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

	Name	Location (City, State, Country)	Years Attended		Graduation Date
			From:	To:	
High School					
Vocational Tech					
College(s)					
Degree(s) Held:					
Are You in School Now? <input type="checkbox"/> Y <input type="checkbox"/> N		Field/Area of Study:			

List all licenses, certificates, etc. you hold:

License Type	Issuing State	License #	Renewal/ Expiration Date

Health

Do you have any physical condition which may limit your ability to do the job you are seeking? ☐ Y ☐ N
 (If Yes, please explain.)

Acknowledgement Statement

I understand that any omission or misrepresentation of material fact in this application may result in separation of employment with Specialty Care Services. I hereby authorize the agency to make any reference checks of my employment background and hereby waive any right to see the references obtained. I understand that, if offered employment and I accept, I will be bound by all agency policies which may be changed without notification to me. I further understand that my employment with Specialty Care Services is not made for a definite period of time or maximum or minimum amount of hours. All terms and conditions of employment are subject to change without notice. All applications which are not accompanied by required certificate, health reports, etc. will be held for three months and then will be disposed of. In addition if inadequate or negative evaluations are received, Specialty Care Services is not required to notify me and may simply not contact me for work assignments.

Date

Signature