

APPLICANT INFORMATION: DATE OF APPLICATION:											
Last Name					First			M.I.			
Street Address								Apartment/U	Jnit		
City					State	State ZIP					
Phone				E-mail Address							
Date Available			Social Secu	urity No				Desired Salary			
Position Applied for											
Are you a citizen of the United States?			YES	NO	If no, are you			norized to wor	k in the	YES	NO
Have you ever worked for this company?			YES	NO	If so, when?						
Have you ever been convicted of, or received a probation before judgment for or a judgment of not criminally responsible for a crime or is there YES NO If yes, explain a charge pending against you for the commission or attempted commission of a											
EDUCATION											
High School					Address						
From	То	Did you graduate?			YES	NO	Degree				
College					Address						
From	То	Did you graduate?			YES	NO	De	Degree			
Other					Address						
From	То	Did you graduate?			YES	NO	Degree				
REFERENCES	accional rafor	roncoc									
Please list three professional references. Full Name					Relationship						
Company					Phone	Phone ()					
Address											
Full Name					Relationship						
Company					Phone ()						
Address											
Full Name					Relationship						
Company					Phone	Phone ()					
Address											

PREVIOUS EMPLOYMENT											
Company 1		Phone	()							
Address		Supervisor									
Job Title		Starting Salary	\$		Ending Salary	\$					
Responsibilities											
From	То	Reason for Leav									
Company 2		Phone	()							
Address			Supervis	sor							
Job Title			Starting Salary	\$		Ending Salary	\$				
Responsibilities											
From	То	Reason for Leaving									
Company 3			Phone ()								
Address		Supervisor									
Job Title		Starting Salary	\$ Ending Salary			\$					
Responsibilities											
From	То	Reason for Leav	aving								
DISCLAIMER AND S	IGNATURE										
I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. CACC is an At Will employer and operates in accordance with the At Will employment law of Maryland. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its executive director or president, and then only when in writing and signed by the executive director or president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.											
Applicant's Signature: _		Date:									

Return to:

Critchlow Adkins Children's Centers 133 N. Washington St. Easton, MD 21601