



# **APPLICANT INFORMATION: DATE OF APPLICATION:**

Last Name		First	M.I.		
Street Address			Apartment/Unit #		
City		State	ZIP		
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?	
				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 a charge pending against you for the commission or attempted commission of a		YES	NO	If yes, explain	

# **EDUCATION**

High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

# **REFERENCES**

Please list three professional references.	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

**PREVIOUS EMPLOYMENT**

Company 1		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company 2		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company 3		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

**DISCLAIMER AND SIGNATURE**

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  
15 S. Hanson St.  
Easton, MD 21601  
kthomas@cacckids.org