

SPECIAL SKILLS AND QUALIFICATIONS: (Summarize special skills and qualifications acquired from employment or other experience(s):

EDUCATION

	Name & Location	Years Attended	Graduate? Degree
Grammar School			
High School			
College			
Trade or Other			

REFERENCES

Give the name of three (3) persons not related to you and are not previous employers.

NAME

ADDRESS

BUSINESS

PHONE

Why are you applying for a position with Ray of Hope, Inc.?

What experiences have you had that have prepared you to work here?

Of your last employers, who will give you the best reference? Why?

Ray of Hope, Inc.
163 N. Mechanic St.
Cumberland, MD 21502

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. Including authorization for a criminal background check.

I understand and agree that I may be required to take a physical examination. I agree to consent to take such test(s) at such time as designated by the company and to release to the company, its director(s), officers, agents, or employees from any arising in connection with the use of such test(s).

YES _____ NO _____

I have been advised that lie detector tests, as a condition of hiring or continued employment are prohibited by law.

YES _____ NO _____

The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70 years of age.

Date: _____

Signature: _____

Ray of Hope, Inc.
163 N. Mechanic St.
Cumberland, MD 21502

CREDENTIALCHECK

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for employment, I authorize CREDENTIALCHECK and their respective agents, to solicit information about my criminal background.

I AUTHORIZE, WITHOUT RESERVATION, ANY GOVERNMENT AGENCY CONTACTED BY BURNS INVESTIGATIVE SERVICES OR THEIR RESPECTIVE AGENTS TO FURNISH THE ABOVE REFERENCED INFORMATION.

I release CREDENTIALCHECK Services, their respective employees, agents and government agencies providing information or reports about me from any and all liability arising out of the release of any such information or reports.

***Please press firmly and print clearly.**

NAME (Print) _____
(FIRST) (MIDDLE) (LAST)

OTHER NAMES USED (Including Maiden names) _____

CURRENT ADDRESS _____

COUNTY _____ CITY _____ STATE _____

ZIP CODE _____ NUMBER OF YEARS AT THIS ADDRESS _____

PRIOR ADDRESS _____

COUNTY _____ CITY _____ STATE _____

ZIP CODE _____ NUMBER OF YEARS AT THIS ADDRESS _____

LIST ANY OTHER STATES YOU HAVE RESIDED IN DURING THE LAST 10 YEARS INCLUDING
COUNTIES: _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE # _____ STATE OF ISSUE _____

EXPIRATION DATE _____ SOCIAL SECURITY NUMBER _____

NAME OF MOST RECENT EMPLOYER _____

ADDRESS _____

COUNTY _____ CITY _____ STATE _____

ZIP CODE _____ # OF YEARS EMPLOYED AT THIS ADDRESS _____

SIGNATURE _____ DATE _____

WITNESS Jenn Dziuk, Director of Programs _____

Return to:
Ray of Hope, Inc. Jenn Dziuk, Director of Programs
Phone: 301-722-4560 ext.100, FAX: 301-722-1403
jdziuk@rayofhope-md.org

Ray of Hope, Inc
163 N. Mechanic St.
Cumberland, MD 21502
301-722-4560

Applications will **NOT** be processed without
all forms completed!

Health Questionnaire

Name: (Print) _____ Date of Birth _____

Social Security No. _____ - _____ - _____ Telephone _____

Address: _____

Name & Telephone of person to contact in case of illness or emergency: _____

Do you currently carry hospitalization or medical insurance? Yes _____ No _____

Name of Company _____

Are you currently under medical treatment? Yes _____ No _____

If yes, please explain:

Do you have any physical restrictions (lifting, pushing, pulling, etc.) that could interfere with your direct care work? Yes _____ No _____

If yes, please explain:

Do you grant permission to contact physicians or other professionals presently assisting you with medical and/or mental health problems? Yes _____ No _____

Current Physician, their address and phone number: _____

Have you had any Worker's Comp claims in the last 3 (three) years? Yes _____ No _____

If yes, please explain:

***Ray of Hope, Inc. does not have "light duty" or physically restricted work. We cannot guarantee that direct care will not involve lifting or other physical demands. Applicant understands that by signing this form they are made aware that Ray of Hope does not offer light duty work and if they should become employed with our agency that lifting WILL BE required.**

Applicant signature: _____

Date: _____