

Employment Application
Department of Human Resources
King Edwards, Inc.
8600 LaSalle Road
Chester Building, Suite 300
Towson, MD 21286
Phone: 410-494-9212 & Fax: 410-494-9217

Position for which you are applying: _____

1. Social Security Number ____ / ____ / ____ 2. Birth Date ____ / ____ / ____ 3. Date Available ____ / ____ / ____

4. Name _____
Last First Middle

5. Permanent Address _____
Street Apt.# City State Zip Code

6. Temporary Address _____
Street Apt.# City State Zip Code

7. Home () _____ Business Phone () _____

8. Person to contact if you are not available at the above address:
 Name: _____ Home Phone () _____ Business Phone () _____

9. If you answer "YES" to any of the following questions, an explanation must provided on a separate sheet. Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar employment. Factors such as passage of time since the offense, the nature of the violation and the extent of rehabilitation will be taken into account in determining the job-relatedness of the offense. **All new employees must be finger printed and submit to a criminal records check.**

- a. Have you ever been discharged or requested to resign from a position? () No () Yes
- b. Have you ever been convicted of a violation of law other a minor traffic violation? () No () Yes
- c. Are any criminal charges or proceedings pending against you? () No () Yes
- d. Have you been convicted of any offense involving the sexual molestation, physical or sexual of a child? () No () Yes

10. Have you previously filed an application with KEI? () NO () YES If "Yes", explain

11. Have you ever volunteered or been an intern with KEI? (check one) () NO () YES

12. Have you previously been employed by King Edwards' Inc. () NO () YES If "YES", which program?
 _____ Dates _____

13. U.S. Citizen? () NO () YES If "NO" permanent resident visa number _____

14. Indicate any foreign languages you can speak, read and/or write.

15. Education

High School Location	Date of Attendance	Last Grade Completed	Graduation Date
1.			
2.			

College/University and Location include all attended)	Dates of Attendance	Major/Minor Field of Study	Degree
1.			
2.			
3.			

If your credentials are under another name, it is the applicant's responsibility to assure that all credentials, references, and transcripts are received by KEI under that stated last name on the application for employment.

State	License or Certification Type	Date Issued	Date Expired	Fields
1.				
2.				

*Please indicate if you have ever held a Maryland Certificate, valid or expired.

16. PRACTICUM AND INTERNSHIP EXPERIENCE

School	Internship or Practicum	Telephone Number	Location	Semester Hours	Dates
1.					
2.					

17. REFERENCES: List the names of the persons in the supervisory capacity who knows of your performance in your area of expected employment. Applicants must submit references from previous employers. Give names of most recent supervisors and college professors. College placement credentials will be accepted in addition to the required KEI references from your most recent supervisors if your most recent work experience was in a business setting.

Name	Official Position	Present address	Telephone Number
1.			
2.			
3			

18. **ADDITIONAL COMMENTS:** List professional, trade, business or civic activities and offices held, and any special skills. You may exclude memberships which would reveal sex, race, religion, national origin, ancestry, or disability or other protected status.

19. **MILITARY EXPERIENCE:** (Copy of DD214 must be submitted for verification.)

Active Duty Dates from ___ / ___ / ___ to ___ / ___ / ___ Branch of Service _____

Duties _____

20. **EMPLOYMENT EXPERIENCE:** List **all** employment (except U.S. armed Forces) in chronological order, with present employer first. **ANY VOIDS IN THE CHRONOLOGICAL ORDER MUST BE EXPLAINED ON A SEPARATE ATTACHMENT.** Practicum's or internships should be clearly labeled.

Staff Use Only Yr. ___ Mo. ___

PRESENT EMPLOYMENT – Dates from ___ / ___ / ___ to ___ / ___ / ___

Name and address of School or Employer: _____

Position Held: _____ Duties _____

Name of Supervisor _____ Telephone Number () _____

Salary or Hourly Wage _____ Reason for Leaving _____

Did you receive any disciplinary action? () No () Yes If "Yes" explain

Staff Only Yr. ___ Mo. ___

NEXT MOST RECENT EMPLOYMENT - Dates from ___ / ___ / ___ to ___ / ___ / ___

Name and address of school or Employer _____

Position Held _____ Duties _____

Name of Supervisor _____ Telephone number () _____

Salary or hourly wage _____ Reason for leaving _____

Did you receive any disciplinary action () No () Yes if "yes", Explain _____

Staff use Only
Yr. ___ Mo. ___

NEXT MOST RECENT EMPLOYMENT – Dates from ___ / ___ / ___ to ___ / ___ / ___

Name and address of School or Employer _____

Position Held _____ Duties _____

Name of Supervisor _____ Telephone Number () _____

Salary or Hourly Wage _____ Reason for Leaving _____

Did you receive any disciplinary action () No Yes if “YES”,
Explain _____

Staff Only
Yr. ___ Mo: ___

NEXT MOST RECENT EMPLOYMENT – Dates from ___ / ___ / ___ to ___ / ___ / ___

Name and address of School or employer _____

Position Held _____ duties _____

Name of Supervisor _____ Telephone number () _____

Salary or hourly wage _____ Reason for leaving _____

did you receive any disciplinary action? () No () Yes if “yes”
Explain _____

CONDITIONS OF EMPLOYMENT

READ CAREFULLY BEFORE SIGNING

This application will not be considered complete until receipt of references and, other pertinent documents, and, if applicable college credentials. It is the responsibility of the of the applicant to request an authorized release of references, or credentials unless otherwise instructed. **Please indicate if any references or credentials will be listed under another name.**

This application and all required documents will become the property of **King Edwards' Incorporation** upon receipt by the Department of Human Resources.

Statement of Substance Abuse: All employees of King Edwards' Incorporation are expected to convey by their actions, deeds, and teachings that they do not in any way encourage or condone substance abuse. Any proven illegal action(s) relating to substance by any **KEI** employee or intern continues to be grounds for immediate dismissal.

Drug-Free Work Place Provision: I understand and acknowledge that King Edwards' Incorporation has written policy providing for a drug-free work place. I agree that, if I am employed, I will abide by the terms of the policy and all KEI policies regarding substance abuse and their use. I further agree that I will notify the Department of Human Resources of any criminal drug conviction or violation occurring in the work place no later than five (5) days after such conviction.

Application Population Record: IS OPTIONAL, AND VOLUNTARY INFORMATION. KEI wishes to maintain records concerning their applicant populations. Please complete KEI Form, Applicant Population record. This information will not be used, in any way, for making employment decisions. It is for record keeping only.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR ANY EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A PLOYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATIONS AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

APPLICANTS SIGNATURE: _____ **DATE:** _____

KING EDWARDS' INCORPORATION IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, SEX, COLOR, RELIGION, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, OR MARITAL STATUS. IN ACCORDANCE WITH APPLICABLE LAWS. IF YOU BELIEVE THAT ANY OF THESE FACTORS ABOVE HAVE ENTERED INTO THE CONSIDERATION OF YOUR APPLICATION FOR EMPLOYMENT, PLEASE CONTACT THE KIE HUMAN RESOURCE OFFICE.

The information submitted on this application is accurate to the best of my knowledge. I concur with the above statement and requirements. I understand that falsification of any information submitted on this application should be cause for dismissal from service. The Department of Human Resources has my permission to contact all past and present employers. I certify that I have read the above statements, understanding meanings and implications, and I will comply if employed.

APPLICANT SIGNATURE: _____ **DATE:** _____