



CEDAR RIDGE CHILDREN'S HOME & SCHOOL, INC.

Employment Application

CEDAR RIDGE MINISTRIES is a private, non-profit, non-denominational Christian organization that consists of: residential and educational programming for troubled and at-risk boys; experience-based adventures programs; and radio broadcast services. The primary purpose of Cedar Ridge Ministries is to reverse the negative influences in the lives of the boys we serve, providing each with the opportunity to achieve a meaningful and productive life. In addition, we reach out into the surrounding communities with adventure programs and radio broadcast services. We believe that the purpose of this organization can be best achieved by ministering to the spiritual, emotional, social, physical, educational and/or vocational needs of those individuals who enter our programs or are affected by our outreach.

DATE OF APPLICATION ____/____/____

POSITION(S) APPLIED FOR _____

NAME _____
Last First Middle

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

BEST TIME TO REACH YOU AT HOME _____ ☐ am ☐ pm

MAY WE CONTACT YOU AT WORK? ☐ YES ☐ NO

IF YES, WORK NUMBER/BEST TIME TO CALL _____

SOCIAL SECURITY NUMBER ____ - ____ - ____

DATE AVAILABLE FOR WORK: ____/____/____

TYPE OF EMPLOYMENT DESIRED:

- ☐ Full-Time ☐ Part-Time ☐ Temporary
☐ Seasonal ☐ Educational Co-op

REFERRAL SOURCE:

- ☐ Advertisement ☐ Internet
☐ Walk-in ☐ Private Employment Agency
☐ Employee ☐ Government Employment Agency
☐ Relative ☐ Other _____

Name of Source (if applicable) _____

| | YES | NO |
|--|--------------------------|--------------------------|
| 1. If you are under 18, can you furnish a work permit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you filled out an application here before? If yes, give date: ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been employed here before? If yes, give dates: from ____/____/____ to ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you legally eligible for employment in this country? (Proof of U.S. Citizenship or immigration status required upon employment) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you on lay-off and subject to recall? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. May we contact your present employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you able to meet the attendance requirements of the position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will you work overtime, if required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever pleaded guilty to, been convicted of, a crime? (Note: such convictions may be relevant if job related, but does not bar you from employment.) If yes, please explain: | <input type="checkbox"/> | <input type="checkbox"/> |

Skills & Qualifications

Summarize any job-related training, skills, and/or qualifications acquired from employment or other experience:

Educational Background

LIST LAST THREE (3) SCHOOLS ATTENDED, STARTING WITH MOST RECENT.

| School | No. Years Completed | Degree/ Diploma | GPA or Class Rank | Field of Study | |
|--------|---------------------|--------------------|----------------------|----------------|-------|
| | | | | Major | Minor |
| | | | | | |
| | | | | | |
| | | | | | |

Character References

LIST THREE (3) INDIVIDUALS WHO ARE NOT RELATED TO YOU AND ARE NOT FORMER EMPLOYERS

| Name | Complete Address | Relationship | Telephone |
|------|------------------|--------------|-----------|
| | | | |
| | | | |
| | | | |

Memberships, Awards, Accomplishments

LIST MEMBERSHIPS IN ANY PROFESSIONAL ORGANIZATIONS ALONG WITH ANY SPECIAL AWARDS, ACCOMPLISHMENTS OR RECOGNITION WHICH YOU FEEL WOULD ENHANCE YOUR APPLICATION. YOU MAY EXCLUDE ANY THAT WOULD INDICATE AGE, RACE, RELIGION, CREED, COLOR, MARITAL STATUS, NATIONAL ORIGIN OR ANCESTRY.

| Organization | Office(s) Held/Awards/Accomplishments/Recognition |
|--------------|---|
| | |
| | |
| | |
| | |

Licenses, Certifications, Etc. (Answer only if employer has checked the appropriate box)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Driver's License Number _____ State Issuing License _____ |
| <input type="checkbox"/> | Are you at least 21 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> | List all traffic violations in past 5 years that resulted in a conviction or guilty plea: |
| <input type="checkbox"/> | List all at-fault traffic accidents in past 5 years: |
| <input type="checkbox"/> | List current licenses or certifications held, state(s) in which they are valid, and expiration dates: |
| <input type="checkbox"/> | If you are <i>not</i> certified in this state, are you certifiable in accordance with Maryland standards for certification? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> | In what instructional areas are you certified to teach? |
| <input type="checkbox"/> | Do you possess or are you eligible to obtain FCC licensure? (Must be U.S. citizen to be licensed) <input type="checkbox"/> YES <input type="checkbox"/> NO |

Applicant's Statement

Please read carefully before signing:

- I certify to the best of my knowledge, that all information given by me in this application is true and correct. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are sufficient cause for my not being hired or for my dismissal if I am already employed no matter when discovered.
- I understand and agree that if, in the opinion of the organization, the results of the criminal background screening are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the organization may be terminated.
- If hired, I agree to abide by the terms and conditions of all Cedar Ridge Children's Home and School, Inc. rules and regulations. I understand and agree that my employment would be at will and that I or Cedar Ridge Children's Home and School, Inc. may terminate this employment relationship at any time, with or without notice, for any or no reason, without recourse by either of us. I also understand that oral representations to the contrary do not change the fact that both the organization and I remain free to end the work relationship for any or no reason. I further understand that any changes in this employment relationship must be made in writing.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed one year. If I have not heard from the Employer within this time period and still wish to be considered for employment, I understand that I will need to fill out a new application.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.
- The Employer is an Equal Opportunity Employer. The employer does not discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- If considered for employment, I understand that I will be required to undergo a criminal investigation check in compliance with Maryland Family Law Article, Section 5-561.
- I understand and agree that, if offered employment, I may be required to undergo a pre-employment medical examination and periodic in-service medical examinations to ascertain my health status, as required by Maryland law or for the safety of Cedar Ridge's staff, students, and residents, and to ascertain

the presence of any disabilities that would prevent me from performing the essential functions of my job (with reasonable accommodations, if necessary). These examinations may include, but will not necessarily be limited to, test for the presence of drugs or alcohol in the body, and for infectious, sexually transmitted, and other diseases. Adverse results of such examinations may result in withdrawal of the offer or termination of employment.

Signature of Applicant

Date

Lie Detector Notice

Under Maryland Law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination 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 \$100,000.

Signature of Applicant

Date

*By signing this application electronically, you agree that your electronic signature is the legal equivalent of your manual/handwritten signature on the application. You further agree that your signature on this application (hereafter referred to as e-signature) is as valid as if you signed the document in writing.

Is there an email address that you regularly check that we may use to communicate with you about openings and other issues related to possible employment with Cedar Ridge? If so, please enter it here:

Cedar Ridge Children's Home & School, Inc.

12146 Cedar Ridge Road
Williamsport, MD 21795
(301) 582-0282

www.cedarridge.org

Applicant: Complete your personal information on one form for each of your last three employers, and return all three forms to us along with your application. We will forward them to your employers.

| | | | |
|-------------------------------------|--|----------------|------------------------|
| TO BE COMPLETED BY APPLICANT | | Employer Phone | Employer Fax |
| Applicant's Name | Dates Employed | | Employer Contact Email |
| Employer | From ____ / ____ / ____ to ____ / ____ / ____ | | Work Performed |
| Employer's Address | Hourly Rate/Salary | | |
| | Starting \$ | End \$ | |
| Job Title | I request and authorize the previous employer here listed to complete this reference check. I release my previous employer and all persons and organizations from all claims and liabilities of any nature arising from any information provided pursuant to this request. | | |
| Supervisor | | | |
| Reason for leaving | Applicant's Signature | | Date |

Employer: The applicant below has submitted an application for employment with our organization. Please verify employment and rate the performance of this candidate below. This information will not be given to the employee. Please return by fax or mail to the HR Department. Thank you!

| TO BE COMPLETED BY FORMER EMPLOYER | |
|---|--|
| <p>To the extent possible, please have the information requested provided by the candidate's immediate supervisor or another person familiar with the candidate's work.</p> <p>Is the above information provided by the candidate accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain : _____</p> <p>_____</p> <p>_____</p> <p>Please describe the type of work for which the candidate was responsible:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Describe the applicant's relationships with co-workers, subordinates and superiors:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Tell me about the candidate's work attitude:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>How did this individual manage his/her time?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What were his/her strengths on the job?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |

What were his/her weaknesses on the job?

Describe the types of decisions this individual made on a daily basis.

How did this individual handle challenging situations or disagreements?

If a new application were submitted for an opening, would your company like to re-hire this employee?

☐ Yes ☐ No Explain:

Why did this individual leave your company?

Comments:

Your Name

Signature

Date

Title:

Employment relationship to candidate (if any):

Employer,

Thank you for taking the time to complete the employment reference.

Please mail, email or fax the completed reference to:

HR Department

CEDAR RIDGE CHILDREN'S HOME & SCHOOL INC.

12146 Cedar Ridge Road

Williamsport, MD 21295

Fax: 301-582-2943

Email: mlamar@cedarridge.org

**Please direct any questions you may have to our HR Department
at 301-582-0282 x126.**

Applicant: Complete your personal information on one form for each of your last three employers, and return all three forms to us along with your application. We will forward them to your employers.

| | | | |
|-------------------------------------|--|----------------|------------------------|
| TO BE COMPLETED BY APPLICANT | | Employer Phone | Employer Fax |
| Applicant's Name | Dates Employed | | Employer Contact Email |
| Employer | From ____ / ____ / ____ to ____ / ____ / ____ | | Work Performed |
| Employer's Address | Hourly Rate/Salary | | |
| | Starting \$ | End \$ | |
| Job Title | I request and authorize the previous employer here listed to complete this reference check. I release my previous employer and all persons and organizations from all claims and liabilities of any nature arising from any information provided pursuant to this request. | | |
| Supervisor | | | |
| Reason for leaving | Applicant's Signature | | Date |

Employer: The applicant below has submitted an application for employment with our organization. Please verify employment and rate the performance of this candidate below. This information will not be given to the employee. Please return by fax or mail to the HR Department. Thank you!

| TO BE COMPLETED BY FORMER EMPLOYER | |
|---|--|
| <p>To the extent possible, please have the information requested provided by the candidate's immediate supervisor or another person familiar with the candidate's work.</p> <p>Is the above information provided by the candidate accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain : _____</p> <p>_____</p> <p>_____</p> <p>Please describe the type of work for which the candidate was responsible:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Describe the applicant's relationships with co-workers, subordinates and superiors:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Tell me about the candidate's work attitude:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>How did this individual manage his/her time?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What were his/her strengths on the job?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |

What were his/her weaknesses on the job?

Describe the types of decisions this individual made on a daily basis.

How did this individual handle challenging situations or disagreements?

If a new application were submitted for an opening, would your company like to re-hire this employee?

☐ Yes ☐ No Explain:

Why did this individual leave your company?

Comments:

Your Name

Signature

Date

Title:

Employment relationship to candidate (if any):

Employer,

Thank you for taking the time to complete the employment reference.

Please mail, email or fax the completed reference to:

HR Department

CEDAR RIDGE CHILDREN'S HOME & SCHOOL INC.

12146 Cedar Ridge Road

Williamsport, MD 21295

Fax: 301-582-2943

Email: mlamar@cedarridge.org

***Please direct any questions you may have to our HR Department
at 301-582-0282 x126.***

Applicant: Complete your personal information on one form for each of your last three employers, and return all three forms to us along with your application. We will forward them to your employers.

| | | | |
|-------------------------------------|--|----------------|------------------------|
| TO BE COMPLETED BY APPLICANT | | Employer Phone | Employer Fax |
| Applicant's Name | Dates Employed | | Employer Contact Email |
| Employer | From ____ / ____ / ____ to ____ / ____ / ____ | | Work Performed |
| Employer's Address | Hourly Rate/Salary | | |
| | Starting \$ | End \$ | |
| Job Title | I request and authorize the previous employer here listed to complete this reference check. I release my previous employer and all persons and organizations from all claims and liabilities of any nature arising from any information provided pursuant to this request. | | |
| Supervisor | | | |
| Reason for leaving | Applicant's Signature | | Date |

Employer: The applicant below has submitted an application for employment with our organization. Please verify employment and rate the performance of this candidate below. This information will not be given to the employee. Please return by fax or mail to the HR Department. Thank you!

| TO BE COMPLETED BY FORMER EMPLOYER | |
|---|--|
| <p>To the extent possible, please have the information requested provided by the candidate's immediate supervisor or another person familiar with the candidate's work.</p> <p>Is the above information provided by the candidate accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain : _____</p> <p>_____</p> <p>_____</p> <p>Please describe the type of work for which the candidate was responsible:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Describe the applicant's relationships with co-workers, subordinates and superiors:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Tell me about the candidate's work attitude:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>How did this individual manage his/her time?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What were his/her strengths on the job?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |

What were his/her weaknesses on the job?

Describe the types of decisions this individual made on a daily basis.

How did this individual handle challenging situations or disagreements?

If a new application were submitted for an opening, would your company like to re-hire this employee?

☐ Yes ☐ No Explain:

Why did this individual leave your company?

Comments:

Your Name

Signature

Date

Title:

Employment relationship to candidate (if any):

Employer,

Thank you for taking the time to complete the employment reference.

Please mail, email or fax the completed reference to:

HR Department

CEDAR RIDGE CHILDREN'S HOME & SCHOOL INC.

12146 Cedar Ridge Road

Williamsport, MD 21295

Fax: 301-582-2943

Email: mlamar@cedarridge.org

***Please direct any questions you may have to our HR Department
at 301-582-0282 x126.***