



CEDAR RIDGE EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

EMAIL: _____ **PHONE:** _____

DATE AVAILABLE TO START WORK: _____

POSITION(S) APPLYING FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

REFERRAL SOURCE: _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

Note: Such convictions may be relevant if job related, but does not necessary bar you from employment.)

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

START DATE: _____ **END DATE:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

START DATE: _____ **END DATE:** _____

GRADUATE? YES NO **DEGREE:** _____

OTHER (ANOTHER COLLEGE, TRADE SCHOOL OR CERTIFICATION PROGRAM):

SCHOOL: _____ CITY / STATE: _____

START DATE: _____ END DATE: _____

DEGREE/CERTIFICATION: _____

OTHER (ANOTHER COLLEGE, TRADE SCHOOL OR CERTIFICATION PROGRAM):

SCHOOL: _____ CITY / STATE: _____

START DATE: _____ END DATE: _____

DEGREE/CERTIFICATION: _____

EMPLOYMENT HISTORY (START WITH MOST RECENT)

EMPLOYER 1: _____
Company / Individual

EMAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

START DATE: _____ END DATE: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

EMAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

START DATE: _____ END DATE: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

EMAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

START DATE: _____ END DATE: _____

REASON FOR LEAVING: _____

CHARACTER REFERENCES
(PROVIDE 3 REFERENCES OF PERSONS NOT RELATED TO YOU)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO I CHOOSE NOT TO ANSWER

BRANCH OF SERVICE: _____

START DATE: _____ END DATE: _____

RANK AT DISCHARGE: _____ TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

SKILLS AND QUALIFICATIONS

SUMMARIZE ANY JOB-RELATED TRAINING, SKILLS, AND/OR QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE

MEMBERSHIPS, AWARDS OR ACCOMPLISHMENTS

LIST MEMBERSHIPS IN ANY PROFESSIONAL ORGANIZATIONS ALONG WITH ANY OFFICES HELD, SPECIAL AWARDS, ACCOMPLISHMENTS OR RECOGNITION WHICH YOU FEEL WOULD ENHANCE YOUR APPLICATION.

DISCLAIMERS

I understand that Cedar Ridge is an Equal Opportunity Employer and committed to excellence through diversity. 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.

I certify that my answers are true and honest to the best of my knowledge. I understand that any false or misleading information herein or omissions in the application process may be sufficient cause for not being hired or for dismissal if I am already employed no matter when discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 and a child protective services (CPS) clearance. Unsatisfactory results, in the opinion of Cedar Ridge, will lead to the withdrawal of the application, or dismissal if employed.

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 staff, students, and residents. 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 diseases as permitted by law. Adverse examination results may lead to withdrawal of the offer or termination of employment.

This application for employment shall be considered active for a period of time not to exceed three months. If I have not heard from Cedar Ridge within this time period and still wish to be considered for employment, I understand that I will need to fill out a new application.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____