



BROOK LANE HEALTH SERVICES, INC.

P. O. Box 1945 • Hagerstown, Maryland 21742-1945

APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

Date _____

To Applicant: We appreciate your interest in our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

PERSONAL

Name _____ Social Security No. _____
Last First Middle

Present Address _____ Telephone _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A? Yes _____ No _____

Sex: M _____ F _____ Age, if under 18 _____

Do you have a valid driver's license in your state of residence? Yes _____ No _____

Driver's license: State _____ No. _____ Class _____

Have you had your driver's license suspended or revoked in the past ten years? Yes _____ No _____

If yes, explain: _____

Address on license if different than above _____

Position(s) applied for _____ Rate of pay expected \$ _____ per week

Were you previously employed by us? Yes _____ No _____ If yes, when? _____

List any friends or relatives working for us. _____

Date you will be available for work. _____

Are there any experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____

Have you been convicted of a crime in the past ten years which has not been annulled or expunged or sealed by a court? Yes _____ No _____

If yes, describe in full: _____

NOTE: A police record check is a condition of employment.

TIP, CPR, and First Aid training is a condition of employment for selected staff.

RECORD OF EDUCATION

	Name of School or Facility	Course of Study	Years Completed	Did You Graduate?	List Diploma or Degree
High School			1	<input type="checkbox"/> Yes	
			2		
			3	<input type="checkbox"/> No	
			4		
Under-graduate College or University			1	<input type="checkbox"/> Yes	
			2		
			3	<input type="checkbox"/> No	
			4		
Graduate College or University			1	<input type="checkbox"/> Yes	
			2		
			3	<input type="checkbox"/> No	
			4		
Supervised Training Experience			1	<input type="checkbox"/> Yes	
			2		
			3	<input type="checkbox"/> No	
			4		

PROFESSIONAL LICENSURE & CERTIFICATIONS

States of Licensure & Certification	Dates Licensed/Certified	License No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been denied or lost clinical privileges at another hospital? Yes _____ No _____

Explanation _____

Have there been any previous successful or currently pending challenges to your licensure or registration in any state or district? Yes _____ No _____

Explanation _____

Have you ever been involved in a professional liability action? Yes _____ No _____

Explanation _____

List below all present and past employment, beginning with your most recent.
(You may refer to resume if attached.)

I	Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone									
II	Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone									
III	Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone									
IV	Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
	Telephone									

May we contact the employers listed above? Yes _____ No _____

If not, indicate by number which one(s) you do not wish us to contact _____

PERSONAL/PROFESSIONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

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.

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

 SIGNATURE OF APPLICANT

APPLICANT – DO NOT WRITE ON THIS PAGE

FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

*POSITION NUMBER	RESULTS OF REFERENCE CHECK	*POSITION NUMBER	RESULTS OF REFERENCE CHECK
I		IV	
II			
III			