Daybreak Adult Medical Day Services

Application for Employment

Daybreak Adult Medical Day Services is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):		Other names under which you have attended school or been employed:
Street Address:	City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:

Are you eligible to work in the United States?	☐Yes ☐No	
Are you 18 years of age or older?	☐ Yes ☐ No	If NO, what is your current age?
Are you currently employed at Daybreak Adult Medical Day Services?	☐Yes ☐ No	If YES, what is your current job title & department?
Have you ever been employed by Daybreak Adult Medical Day Services?	☐ Yes ☐No	If YES, dates of employment & reason for leaving:
Are you related to any current Daybreak Adult Medical Day Services or related Corporation?	☐Yes ☐ No	If YES, their name & their relationship to you?
If required for position, do you have a valid driver's license?	☐ Yes ☐ No	If YES, State of issuance, license #, and expiration date:
Are you able to perform the job with or without reasonable accommodations?	☐ Yes ☐ No	

How did you learn about this employment opportunity? Check all that apply: ☐ Ad in *newspaper*
☐ Job Bulletin (Posting) /Walk-in ☐Dept. of Labor ☐Ad in *magazine*
☐ Referral by____ ☐Other:

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		☐Yes ☐ No				
GED:		☐Yes ☐ No				
Other School:		☐Yes ☐ No				
College:		☐Yes ☐ No				
College:		☐Yes ☐ No				
College:		☐Yes ☐ No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."
PLEASE NOTE: Daybreak Adult Medical Day Services reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:	☐Full time ☐ Part-time If part-time, # hrs./wk: ☐	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: ☐ At any time ☐ Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To:	☐Full time ☐ Part-time If part-time, # hrs./wk: ☐	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: ☐ At any time ☐ Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To:	☐Full time ☐ Part-time If part-time, # hrs./wk: ☐	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: ☐ At any time ☐ Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To:	☐Full time ☐ Part-time If part-time, # hrs./wk: ☐	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: ☐ At any time ☐ Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

FOR NURSES ASSISTANTS ONLY:

Do you hold a Maryland Geriatric Assistant Certificate? Yes ☐ No ☐

If yes, where did you do your clinical work? ____

EMERGENCY CONTACT:

In case of emergency notify:

Name__________________________Relationship_____________________Phone__________________________

Name__________________________Relationship_____________________Phone__________________________

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Daybreak Adult Medical Day Services to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Daybreak Adult Medical Day Services serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Daybreak Adult Medical Day Services Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I also authorize Daybreak Adult Medical Day Services to deduct from my wages any amounts which may be due it as result of an overpayment of wages, loss or destruction of its property or any other amounts which I may lawfully owe Daybreak Adult Medical Day Services, or for which I have received full consideration. In the event that I become an employee of Daybreak Adult Medical Day Services, I agree to comply with all the rules and regulations and understand that the rules and regulations may be changed, interpreted, withdrawn or added to by Daybreak Adult Medical Day Services at any time at its sole option and without any prior notice and that I may be terminated or disciplined for any violations.

Applicant Signature: ____ Date: _______________________

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT FOR 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 EMPLOYE WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED $100.00

Applicant Signature: ____ Date: _______________________

Confidential Reference Request

Applicant Name: ______________________________ Date: __________

Last *First* *M.I.*

Position Applied for: ______________________________

I authorize Daybreak Adult Medical Day Services to investigate my personal background, qualifications and references, including contacting previous employers. I hereby release from liability all representatives of Daybreak Adult Medical Day Services for their acts performed in good faith and without malice in connection with investigation and evaluating my references. I further release from any liability all individuals and organizations that provide information to Daybreak Adult Medical Day Services in good faith and without malice concerning my qualifications and previous work record.

Previous Employer: ________________________

Phone #: __________________________

Name: ______________________________
Employer Name: ___________________
Social Security #: ___________________
Dates Employed – From: _____________
To: _______________
Job Title: __________________________
Reason for Leaving: _________________
____

Applicant Signature:_______________________________ **Date:**_________________

TO BE COMPLETED BY EMPLOYER ONLY:

THE PERSON NAMED ABOVE HAS APPLIED FOR A POSITION ON OUR STAFF. WE WOULD APPRECIATE YOUR FRANK EVALUATION OF THE APPLICANT'S PERFORMANCE. AS SHOWN ABOVE, THE APPLICANT HAS SIGNED A FULL RELEASE FOR THIS INFORMATION, IF FOR ANY REASON YOU WOULF PREFER TO RESPOND BY FAX, PLEASE SEND TO 410-298-5206. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME AT 410-298-9800 x233.

Program Director__________________________

Is the above information correct? Yes ☐ No ☐
If no, please provide correct information:____
Eligible for Rehire? Yes ☐ No ☐ Why?____
Reason for Leaving? Laid Off ☐ Resigned ☐ Discharged ☐
Would you recommend this applicant to us? Yes ☐ No ☐
Why?____
____

Comments: ____
____
____

Completed By:
Print Name and Title______________________________________ **Date:**______________________
Signature ____

Confidential Reference Request

Applicant Name: ______________________________ Date: __________

Last *First* *M.I.*

Position Applied for: ______________________________

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Previous Employer: ________________________

Phone #: __________________________

Name: ______________________________

Employer Name: ___________________

Social Security #: ___________________

Dates Employed – From: _____________

To: _______________

Job Title: ___________________________

Reason for Leaving: _________________

____

Applicant Signature:_______________________________ **Date:**_________________

TO BE COMPLETED BY EMPLOYER ONLY:

THE PERSON NAMED ABOVE HAS APPLIED FOR A POSITION ON OUR STAFF. WE WOULD APPRECIATE YOUR FRANK EVALUATION OF THE APPLICANT'S PERFORMANCE. AS SHOWN ABOVE, THE APPLICANT HAS SIGNED A FULL RELEASE FOR THIS INFORMATION, IF FOR ANY REASON YOU WOULF PREFER TO RESPOND BY FAX, PLEASE SEND TO 410-298-5206. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME AT 410-298-9800 x233.

Program Director__________________________

Is the above information correct? Yes ☐ No ☐

If no, please provide correct information:____

Eligible for Rehire? Yes ☐ No ☐ Why?____

Reason for Leaving? Laid Off ☐ Resigned ☐ Discharged ☐

Would you recommend this applicant to us? Yes ☐ No ☐

Why?____

____

Comments: ____

____

____

Completed By:

Print Name and Title____________________________________ **Date:**______________________

Signature ____

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

I hereby authorize **KROLL BACKGROUND AMERICA, INC.** ("Kroll") to procure a consumer report and/or investigative consumer report on me. I understand that this authorization shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with **DAYBREAK ADULT MEDICAL DAY SERVICES** for investment purposes. In addition to Kroll and Company, I hereby authorize any and all other third party investors as determined by Company to also view the aforementioned consumer reports and/or investigative consumer reports on me.

Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record. I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature:____ Date:___________________________

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name:_________________________ **First Name:**_________________________ **Middle:**_____________

Other Names Used ____ Years Used_________________

Current Address:____

Street /P. O. Box City State Zip Code County Dates

Former Address:____

Street /P. O. Box City State Zip Code County Dates

Social Security Number: _______________________________ Daytime Phone Number: _____________________

E-mail Address: _____________________ Driver's License Number: _______________ State of Issuance: ________

Date of Birth: ________________________*Gender______________

*Providing gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Please note that nothing herein shall be construed as legal advice.

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