



New Beginnings Inc.

Windsor Corporate Park
2624 Lord Baltimore Drive Suite L
Windsor Mill, MD 21244
410-597-8092

(OFFICE USE ONLY)

APPR. _____ DISAPPR. _____ BY _____

REASON: _____

Submit completed applications to HR@newbeginningsagency.org

For more employment opportunities please visit: www.newbeginningsagency.org or email HR@newbeginningsagency.org

Employment Application

Former Employee Existing Employee

Date: _____

Social Security Number: _____

PRINT OR TYPE ALL INFORMATION

Date of Birth: _____

How did you hear about us? _____

Position Applying For: _____

Desired Pay: _____

Personal Information:

Name: _____

Last

First

MI

Address: _____

Street

City

State

Zip Code

Availability:

Employment Desired:

Full-Time Part-Time PRN

Date Available to Work: _____

Shift Desired:

- Monday -Friday (9AM-3PM)
- Monday -Friday (3PM-11PM)
- Saturday & Saturday (9AM-11PM)
- Sunday – Wednesday (11PM-9AM)
- Thursday-Saturday (11PM-9AM)

Driving History

Do you have a driver's license?

Yes No

Driver's License Number: _____

State of Issue: _____

Have you had any accident in the last three years?

How Many? _____

Have you had any moving violations in the last three years?

How Many? _____

DDA Trainings

Do you have any prior experience working for DDA or any other organization that service Individuals with Devlopemental or Intellectual Disabilities?

Yes No If yes, where? _____

Proof of certifications and trainings are required prior to starting employment. Do not check off certifications or trainings that are expired

- CPR/First Aid
- Certified Medication Training
- OSHA & Bloodborne Pathogens
- Communicable Disease
- Communication Skills
- Seizures Disorders
- Fundamental Rights of Individuls with Developmental Disabilities

- Supporting Individuals & Family In Making Choices
- Community Integration & Inclusion
- Management of Disruptive Behaviors
- General Characteristics of Individuals Served
- The Aging Process & The Special Needs of The Elderly
- Principal of Behavior Change



APPLICATION FORM WAIVER

Please Read Carefully

In exchange for the consideration of my job application by New Beginnings, Inc. I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of New Beginnings, Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the CEO/General Manager of New Beginnings, Inc. Both the applicant and New Beginnings, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give New Beginnings, Inc. permission to complete my criminal background, contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release New Beginnings, Inc. from any liability as a result of such contract.

I also understand that (1) New Beginnings, Inc. has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, New Beginnings, Inc. may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I further understand that my employment with New Beginnings, Inc. shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with New Beginnings, Inc. is terminable at will for any reason by either party.

Date

Signature

Thank you for completing this application form and for your interest in our business.

Locations:

In which counties will you accept employment?

- Anne Arundel
- Baltimore City
- Baltimore County
- Carroll
- Frederick
- Harford
- Howard
- Montgomery
- Prince George's
- Washington

YOU MAY BE TESTED FOR ILLEGAL DRUG USE. IF SELECTED FOR A POSITION IN THE SKILLED OR PROFESSIONAL SERVICE, YOU MAY BE GIVEN A MEDICAL EXAMINATION TO DETERMINE YOUR ABILITY TO PERFORM JOB-RELATED FUNCTIONS.

Have you ever been convicted of any violation of law other than a minor traffic violation? Yes No If yes, give the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from employment. (Please write this information on a separate sheet of paper and attach it to this 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 VIOLATE THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

This provision does not apply to applicants for law enforcement positions to Labor and Employment Article, Section 3-702 (b) Annotated Code of Maryland

DATE

SIGNATURE OF APPLICANT

Voluntary Equal Opportunity Information

To further its commitment to equal opportunity employment, the State of Maryland requests applicants to VOLUNTARILY provide the following information. This information will be used for statistical purposes only by authorized personnel.

Birthdate: _____

Gender: Male Female

Citizenship: U.S. Citizen Legal Alien Other

Race: Are you Hispanic or Latino? Yes No

If you are not Hispanic or Latino, what is your race? Please select one.

Unknown/Decline to state

Decline to state.

Asian

Origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

Black or African American

Origins in any of the black racial groups of Africa.

American Indian or Alaska Native

Origins in any of the original peoples or North or South American, including Central America, and who maintains tribal affiliations or community attachment.

Pacific Islander or native Hawaiian

Origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Veteran's Information:

Do you seek Veteran's preference? Yes No

A copy (not original) of your proof eligibility DD-214 for Veterans Credit must be submitted and completely verified before Veterans Credit will be approved. Proof will only need to be submitted once. Regular State employees do not need to submit proof of eligibility for Veterans Credit. If yes, you must also submit DD Form 214.

If you answered Yes to seeking veteran's preference, select ONE of the following that best describes your situation:

I am an honorably discharged veteran

I am a service-disabled veteran

I am a former prisoner of war (POW)

I am a Vietnam veteran

I am the spouse of a deceased eligible veteran

I am the spouse of a service-disabled veteran

If you are a veteran, have you been honorably discharged? Yes No

Are you fluent in a language other than English? (if required for the job for which you are applying)

Yes No If yes, please list: _____

Education and Training

Do you have a high school diploma or GED? Yes No If no, what is the highest grade you completed? _____

School: _____ Address (City, State, Zip): _____

Dates Attended: _____ - _____ Major course of study: _____

College and Graduate School Education

Name/Location of School(s)	Dates Attended	Major	# of Credits Completed	Type of Degree	Degree Earned? (Yes or No)

Specialized Training or Classes Relevant to the Job

Title of Program/Course(s)	Company/School	Dates Attended	# of Credits Earned	Diploma/Certificate Received?

Please submit a copy of any relevant professional or trade licenses or certificates with this application.

Work Experience

List below, beginning with your most recent experience, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" x 11" sheets or paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information included in this section demonstrates that you meet the experience qualifications for the job which you are applying,

Job Number 1: (Current or Most Recent)

Name of Employer:		Employer's Address (Street, City, State, Zip Code):	
Type of Business:		Supervisor's Name: Title and Phone Number	
Your Job Title:	Do you supervise employee's? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?	Job Titles of Those You Supervise	
Dates of Employment (From: Month/Day/Year To: Month/Day/Year):	Is your position considered full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Pay:	
Job Duties:	How many hours you work per week?	Ending Pay:	
		Reason for Leaving:	

Work Experience (Continued)**Job Number 2:**

Name of Employer:	Employer's Address (Street, City, State, Zip Code):		
Type of Business:	Supervisor's Name: Title and Phone Number		
Your Job Title:	Do you supervise employee's? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?	Job Titles of Those You Supervise	
Dates of Employment (From: Month/Day/Year To: Month/Day/Year):	Is your position considered full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Pay:	
	How many hours you work per week?	Ending Pay:	
Job Duties:			
Reason for Leaving:			

Job Number 3:

Name of Employer:	Employer's Address (Street, City, State, Zip Code):		
Type of Business:	Supervisor's Name: Title and Phone Number		
Your Job Title:	Do you supervise employee's? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?	Job Titles of Those You Supervise	
Dates of Employment (From: Month/Day/Year To: Month/Day/Year):	Is your position considered full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Pay:	
	How many hours you work per week?	Ending Pay:	
Job Duties:			
Reason for Leaving:			

Job Number 4:

Name of Employer:	Employer's Address (Street, City, State, Zip Code):		
Type of Business:	Supervisor's Name: Title and Phone Number		
Your Job Title:	Do you supervise employee's? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?	Job Titles of Those You Supervise	
Dates of Employment (From: Month/Day/Year To: Month/Day/Year):	Is your position considered full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Pay:	
	How many hours you work per week?	Ending Pay:	
Job Duties:			
Reason for Leaving:			