



EXCEL HEALTH CARE SERVICES
Drug free workplace and an Equal Opportunity Employer

HUMAN RESOURCES DEPARTMENT
 4600 Powder Mill Rd Suite 450 - P
 Beltsville, MD 20705
 Phone: (301) 306-8280
 Fax: (301) 459-2400

EMPLOYMENT APPLICATION

AVAILABILITY

You will be expected to be available for scheduling during the times you've listed below.

Position applying for: _____ Available start date: _____ Desired pay: _____ Years of Experience: _____

Do you have reliable transportation Yes No What's the distance you're willing to travel? _____

Desired Schedule: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN	Sun		Mon		Tues		Wed		Thurs		Fri		Sat	
	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End

PERSONAL INFORMATION Please complete all sections

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN #: _____ Sex: _____ Race: _____

Primary Telephone: _____ Secondary Telephone: _____ Email Address: _____

Mobile Home Work Mobile Home Work

EMPLOYMENT HISTORY List all employment, starting with your most recent position. Failing to provide all information for each employer may result in the rejection of your application. **May we contact your recent employer? Yes No**

Employer	Dates		Position / Title
Address	From	To	Duties Performed
City State Telephone			
Supervisor	Hourly Rate / Salary		
Reason for Leaving	Starting	Final	
Employer	Dates		Position / Title
Address	From	To	Duties Performed
City State Telephone			
Supervisor	Hourly Rate / Salary		
Reason for Leaving	Starting	Final	

Have you ever been disciplined, terminated, asked to resign by any employer because of dishonesty, negligence or theft?
 Yes No If yes, please explain: _____

EDUCATION & BACKGROUND

Type of school	Name and Location of School	Degree / Area of Study	Number of Years Completed	Graduated ? (Check one)
High School	Name			<input type="checkbox"/> Yes
	City State			<input type="checkbox"/> No
College	Name			<input type="checkbox"/> Yes
	City State			<input type="checkbox"/> No
Other	Name			<input type="checkbox"/> Yes
	City State			<input type="checkbox"/> No

Special Skills / Courses: _____

By listing a language you're consenting that you're fluent in reading, speaking & writing those language(s):
 Primary Language: _____ Secondary Language: _____

CRIMINAL CONVICTION

Have you ever been convicted of a felony? Yes No

Date (s) / Nature of Offenses (s):

Have you ever been convicted of a misdemeanor involving weapons, abuse, theft, dishonestly and / or violence? Yes No

Dates (s) / Nature of Offenses (s) / Sentence Imposed:

MISCELLANEOUS

Are you legally authorized to work in the United States? Yes No

Are you at least 18 years of age or older? Yes No

How were you referred to EHCS ?

List the names of friends or relatives now employed by EHCS:

Have you ever been employed by EHCS before?

Dates Employed

Position

Supervisor

Yes No

Have you worked in an Assisted Living Facility before? Yes No If yes, how many years? (Please indicate)

REFERENCES Please provide the name and information of business colleagues and / or former managers only.

Name	Address	Telephone	Relationship/Title	Years Known

EMERGENCY CONTACT This information is to facilitate contact in the event of an emergency only

Full Name

Address

Telephone

Relationship

PLEASE READ THIS STATEMENT CAREFULLY

CONFLICT OF INTEREST

I acknowledge that I have read the company policy statement concerning conflict of interest and I hereby declare that neither I, nor any other business to which I may be associated, nor, to the best of my knowledge, any member of my immediate family has any conflict between our personal affairs or interests and the proper performance of my responsibilities for the company that would constitute a violation of that company policy. Furthermore, I declare that during my employment, I shall continue to maintain my affairs in accordance with the requirements of said policy.

SIGNATURE OF APPLICANT

DATE

RELEASE OF INFORMATION

I hereby authorized all prior employers, schools, credit bureaus, Social Security Administration, Law enforcement agencies and investigative agencies give **Excel Healthcare Services** any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning my qualifications for the position applied for. I release to **Excel Healthcare Services** and all its employees from all liability for any damage that may result from furnishing information to **Excel Healthcare Services**. I also release to **Excel Healthcare Services** and all its employees from all liability for any damage that may result from reliance on the information furnished. I understand that if a consumer investigative report is requested, I have the right under the Fair Credit Reporting Act to request in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the investigation. This written request should be addressed to the location where this application is filed.

SIGNATURE OF APPLICANT

DATE

CONFIDENTIAL AGREEMENT

I agree that, except at the request and for the benefit of **Excel Healthcare Services** I will not disclose to anyone or use for my own purposes any of **Excel Healthcare Services** confidential or proprietary information, either during or after my employment. I understand and agree that **Excel Healthcare Services** bidding, costs, pricing and marketing information and techniques, customer names and information, and employee name and information are confidential and proprietary to **Excel Healthcare Services**.

SIGNATURE OF APPLICANT

DATE

EMPLOYMENT PROBATION

I agree to carry out the designated responsibilities to the best of my ability. I have read the position description. I am aware there is a conditional period of 3 months prior to permanent employment.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorized investigation of statements made in this application and understand that false information may be grounds for denial of my position and/or dismissal if I am employed

SIGNATURE OF APPLICANT

DATE