



**WORK HISTORY ~ give a complete record of all employment, including U.S. Military service (if more than 3 jobs, you may write work history at the bottom of this page)**

Last or Present Employer: _____  City/State: _____  Telephone: _____  Immediate Supervisor: _____  MAY WE CONTACT YOUR PRESENT EMPLOYER PRIOR TO OFFERING YOU THE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	Dates Employed (month, day, year)  From:   To:	Job Title   FT <input type="checkbox"/>  PT <input type="checkbox"/>  PRN <input type="checkbox"/>	Base Hourly Pay Rate:  # Hours Worked Per Week:  Annual Pay:	Description of Work (resume acceptable)	Reason for Leaving
Previous Employer: _____  City/State: _____  Telephone: _____  Immediate Supervisor: _____	Dates Employed (month, day, year)  From:   To:	Job Title   FT <input type="checkbox"/>  PT <input type="checkbox"/>  PRN <input type="checkbox"/>	Base Hourly Pay Rate:  # Hours Worked Per Week:  Annual Pay:	Description of Work (resume acceptable)	Reason for Leaving
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**PROFESSIONAL REFERENCES (include only those you have worked with)**

Name: _____ Phone: _____  Relationship: _____  Years Acquainted (how long have you known this person): _____	Name: _____ Phone: _____  Relationship: _____  Years Acquainted (how long have you known this person): _____
Name: _____ Phone: _____  Relationship: _____  Years Acquainted (how long have you known this person): _____	Name: _____ Phone: _____  Relationship: _____  Years Acquainted (how long have you known this person): _____

**Additional Work History ~ see "Work History" section for specific information to identify below**

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- Are you either a U.S. citizen or alien who has the legal right to work in the job for which you are applying?  YES  NO

*Please note: Documents establishing your identity and authorization for employment in the United States must be presented no later than 72 hours after starting employment.*

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- List any special licenses (indicate license numbers and renewal dates) or certifications you have for this job:
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- Have you ever applied for employment or worked for this organization?  YES  NO If YES, give dates:
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- Have you ever been excluded, suspended or otherwise sanctioned by any federal or state health program?  YES  NO If YES, give details:
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- Have you ever been convicted of a crime or received a verdict of anything other than "Not Guilty" in any criminal investigation or proceeding?  YES  NO  
If YES, give details:
- 
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- Have you ever been convicted of a felony or misdemeanor offense, or been dismissed from any previous employment for reasons of abuse to residents or clients?  YES  NO If YES, give details:
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*Note: Response to the inquiry shall be used in evaluating your qualifications only if the particular circumstances of any convictions (including the nature, number and proximity to the application) pertain to your suitability for the job for which you are applying.*

**ALL Applicants:**

*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 \$100.00.*

*Under Pennsylvania law, an employer is prohibited from requiring an individual to submit to a polygraph test or any form of lie detector test as a condition of employment or for continuing employment. However, the law does permit testing of individuals who dispense or have access to narcotics or dangerous drugs. Any employer or person who violates this law is guilty of a second-degree misdemeanor.*

*Oklahoma follows the Federal Employer Polygraph Protection Act which prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment. There are some specific exemptions such as security service firms, pharmaceutical manufacturers, distributors and dispensers, and, in the case of those reasonably suspected of involvement in workplace theft, embezzlement that resulted in economic loss to the employer.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**ALL Applicants:**

- a. I consent to take any confidential physical examination, including alcohol and drug tests, and authorize any healthcare professional to release to Affiliated Associates, Inc any information concerning my mental or physical status. If the drug test is positive, the offer of employment will be rescinded or, if I am already working, I may be terminated.
- b. Any false statements or omissions of information can be grounds for rejection as a candidate or discharge.
- c. Employment is "at-will" and not a contract. I may be terminated with or without cause.
- d. Policies and practices are not binding obligations; they are subject to change or deletion by Affiliated Associates, Inc.
- e. I authorize Affiliated Associates, Inc to check references from schools, former employers and/or individuals, and, to conduct background checks including criminal background. I agree to hold harmless, covenant not to sue and release Affiliated Associates, Inc and entities and individuals contacted.
- f. I agree that I will settle any and all unasserted claims, disputes or controversies arising out of or relating to application for employment or cessation of employment by final and binding arbitration. This includes Age Discrimination, Title VII of Civil Rights - 1964 - and amended in 1991, the American Disabilities Act and contract and tort law.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date