

## Application for Employment

*The Council on Education for Public Health is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other characteristic protected by law.*

DATE OF APPLICATION: \_\_\_\_\_

DATE AVAILABLE FOR WORK: \_\_\_\_\_

<b>PERSONAL</b>
NAME:
PRESENT ADDRESS:
TELEPHONE #:
EMAIL ADDRESS:

<b>EMPLOYMENT HISTORY</b>		
<i>(List 3 most recent employers only)</i>		
<b>1] COMPANY NAME:</b>		
City, State:	START (Mo/Yr):	END (Mo/Yr):
Type of Business:	Job Title:	
May we contact Supervisor? YES[ <input type="checkbox"/> ]      NO [ <input type="checkbox"/> ] <i>(If YES provide Supervisor's Name/Phone/Email)</i>	Name:	
Phone:	Email:	
<b>2] COMPANY NAME:</b>		
City, State:	START (Mo/Yr):	END (Mo/Yr):
Type of Business:	Job Title:	
May we contact Supervisor? YES[ <input type="checkbox"/> ]      NO [ <input type="checkbox"/> ] <i>(If YES provide Supervisor's Name/Phone/Email)</i>	Name:	
Phone:	Email:	
<b>3] EMPLOYER:</b>		
City, State:	START (Mo/Yr):	END (Mo/Yr):
Type of Business:	Job Title:	
May we contact Supervisor? YES[ <input type="checkbox"/> ]      NO [ <input type="checkbox"/> ] <i>(If YES provide Supervisor's Name/Phone/Email)</i>	Name:	
Phone:	Email:	

EDUCATION	
UNDERGRADUATE (NAME/CITY/STATE):	
Degree and Major:	
GRADUATE (NAME/CITY/STATE):	
Degree and Major/Concentration:	

PROFESSIONAL REFERENCES	
<b>1] NAME:</b>	Yrs Known:
Occupation/Job Title/Organization:	
Email:	Phone:
<b>2] NAME:</b>	Yrs Known:
Occupation/Job Title/Organization:	
Email:	Phone:
<b>3] NAME:</b>	Yrs Known:
Occupation/Job Title/Organization:	
Email:	Phone:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEAMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

NOTIFICATION AND AGREEMENT
<p>I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.</p> <p>It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristics protected by Federal, State, or Local law.</p> <p>I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result making an investigation.</p> <p>If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits. Or other terms or conditions of employment. No Representative or agent of the Company has the authority to enter into any agreement for employment for any specified period of time or to make changes in any policy, procedure, benefit, or other term or condition of employment other than in a document signed by the Executive Director to make any agreement contrary to the foregoing.</p> <p>I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied.</p> <p><b>APPLICANT SIGNATURE:</b> _____</p> <p><b>DATE:</b> _____</p>