



## **Application for Employment**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, mental or physical disabilities, or any other legally protected status.

We reserve the right to require all applicants for employment to undergo a drug screening test as part of the employment process. Applicants for employment at Chester River Home Care & Hospice and Chester River Manor must undergo a criminal background check.

Employment applications are active for 30 days.

<b>Telephone</b>	<b>410-778-3300</b>
<b>Fax</b>	<b>410-810-7829</b>
<b>Career Line</b>	<b>410-810-7183</b>
<b>Maryland Relay System (TTY): 800-735-2258</b>	
<b>Web Site</b>	<b><a href="http://www.chesterriverhealth.org">www.chesterriverhealth.org</a></b>
<b>100 Brown Street</b>	
<b>Chestertown, MD 21620</b>	

### *System Members*

Chester River Hospital Center ■ Chester River Home Care & Hospice ■ Chester River Manor

## PERSONAL INFORMATION

Name \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City  
State Zip Code County

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Under what other names have you been employed: (maiden name) \_\_\_\_\_

Have you previously worked for (check all that apply) Chester River Hospital Center \_\_\_\_\_,  
Chester River Home Care & Hospice \_\_\_\_\_, or Chester River Manor \_\_\_\_\_?  
If yes, please list dates: from \_\_\_\_\_ to \_\_\_\_\_

If under age 18, can you provide proof of your eligibility to work? \_\_\_\_\_

---

## EMPLOYMENT INFORMATION

Facility Interest (check all that apply) Home Care \_\_\_\_\_ Hospital \_\_\_\_\_ Long Term Care \_\_\_\_\_

Job Interest \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Weekend Alternative \_\_\_\_\_ Relief \_\_\_\_\_ Per diem \_\_\_\_\_

Shift Availability \_\_\_\_\_ Can you work shift rotations? \_\_\_\_\_  
(Day, Evening, Night)

Can you work holidays? \_\_\_\_\_ Weekends? \_\_\_\_\_ Salary Requirements \_\_\_\_\_

---

## EDUCATION AND TRAINING

### **High School**

Name \_\_\_\_\_ City/State \_\_\_\_\_

Did you **Graduate?** Yes No If no, did you receive a **GED?** Yes No  
(circle one) (circle one)

### **College or University**

Name \_\_\_\_\_ City/State \_\_\_\_\_

Degree Received \_\_\_\_\_ In what Field? \_\_\_\_\_

### **Professional Registration/License**

Registration/License # \_\_\_\_\_ State \_\_\_\_\_

Expiration Date \_\_\_\_\_ *Please attach a copy of registration/license.*

## EMPLOYMENT EXPERIENCE

Please **list your present or most recent job first**. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. **Complete all information.**

Employer	Dates Employed From                      To
Address	Job Title
	Salary
Telephone Number(s)	Type of Work Performed
Supervisor	
Reason for Leaving	

Employer	Dates Employed From                      To
Address	Job Title
	Salary
Telephone Number(s)	Type of Work Performed
Supervisor	
Reason for Leaving	

Employer	Dates Employed From                      To
Address	Job Title
	Salary
Telephone Number(s)	Type of Work Performed
Supervisor	
Reason for Leaving	

Employer	Dates Employed From                      To
Address	Job Title
	Salary
Telephone Number(s)	Type of Work Performed
Supervisor	
Reason for Leaving	

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. Include key boarding, familiarity with medical terminology, technical, clinical or special skills and list office machines you can operate. List any certifications you currently hold.

---



---



---



---

## REFERENCES

Please include any persons other than relatives and employers. You may include teachers, pastors and community leaders.

Name	Address	Telephone	Occupation	Years Known

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? \_\_\_\_\_ (Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a crime, (misdemeanor or felony) other than a minor motor vehicle offense? (A "yes" answer is not necessarily a disqualification.) \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Are you able to perform the essential functions of the job for which you have applied with or without reasonable accommodations? \_\_\_\_\_

## CONSENT AND RELEASE

I certify that the answers given in this application are complete and true. I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide Chester River Health System with any relevant information regarding an employment decision and I release all such persons from any liability regarding the provision and use of such information.

I agree as a condition of my employment that I may be transferred to another department or shift if required by staffing levels. I understand that I may terminate my employment at will and that the Health System retains a similar right.

Employment is contingent upon successfully completing a physical examination, which includes a drug screening conducted by Chester River Hospital Center. I further understand that employment at Chester River Home Care & Hospice and Chester River Manor is contingent upon the results of a criminal background check.

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

\_\_\_\_\_  
Date

Under Maryland law an employer may not require or demand an applicant for employment or prospective employment or any employee to submit to take a polygraph, lie detector or similar test or examination as a condition or employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

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

\_\_\_\_\_  
Date

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**