



Submit completed application to [info@HSECP.org](mailto:info@HSECP.org)

## Application for Employment

Hot Spots Extended Care Program provides equal employment opportunities for all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, marital status or other prohibited characteristics in accordance with applicable federal, state and local laws.

**PERSONAL DATA**

Today's Date \_\_\_\_\_ Email address \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

**EMPLOYMENT INFORMATION Location: HSECP**

For which position are you applying? \_\_\_\_\_ Wage Desired \_\_\_\_\_

How did you hear about this opportunity? \_\_\_\_\_

Are you legally eligible for employment in the Unites States?  Yes  No

Type of employment desired  Full-Time  Part-Time  Temporary

Please list any schedule limitations: \_\_\_\_\_

Do you currently or have you previously worked for Celebree Enterprises?  Yes  No

Are you currently employed?  Yes  No

Have you ever been convicted of a crime which has not been annulled, expunged or sealed by the court?  
 Yes  No

If "yes", describe in full. \_\_\_\_\_

Note that a "yes" answer to the above question will not necessarily prevent employment. We will consider the relevant circumstances.

**EDUCATION AND TRAINING**

	Name and City	Course of Study	Years Completed	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Special Training	_____	_____	_____	_____

**WORK EXPERIENCE**

(Start with you present or most recent employer)

Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ May we contact for reference? Yes \_\_\_ No \_\_\_

Duties \_\_\_\_\_

Last Rate of Pay \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

.....  
Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ May we contact for reference? Yes \_\_\_ No \_\_\_

Duties \_\_\_\_\_

Last Rate of Pay \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

.....  
Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ May we contact for reference? Yes \_\_\_ No \_\_\_

Duties \_\_\_\_\_

Last Rate of Pay \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

**UNDER MARYLAND STATE 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 CONSIDERATION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.**\_\_\_\_\_  
**Applicant Name**\_\_\_\_\_  
**Date**

The information I have provided on this application is true and complete to the best of my knowledge. I understand that, any misrepresentation or omission of any fact in my application, resume, or any other materials, or during my interview(s), can be justification of refusal of employment, or if employed, termination.

In processing my application for employment, the company may verify all information for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I will be informed whether an investigative consumer report was requested and be given full information as to the nature and scope of the investigation in compliance with applicable laws. Also, this information may be shared with any and all Hot Spots Extended Care Program Enterprises affiliates, current or future.

I authorize and request that all of my present and former employees I have listed, furnish information about my employment record, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

I understand that if I become employed by Hot Spots Extended Care Program, my employment is voluntary and at-will. Accordingly, either Hot Spots Extended Care Program or I can terminate the employment relationship at-will, with or without cause, at any time.

\_\_\_\_\_  
**Signature of Applicant**\_\_\_\_\_  
**Date**