



The Council For Exceptional Children and Adults, Inc.

(C.E.C.A)

400 Cumberland Street,
Cumberland, MD 21502

Phone: 301-729-8600 Fax: 301-729-9360

EMPLOYMENT APPLICATION

Last Name		First		M.I.		Date	
Street Address						Apt. /Unit	
City		State		Zip			
Home Phone#		Email					
Cell Phone #			Alternative Phone#				
Position Applied For				Salary/ Wage Desired:			
Employment Status Desired:	Full-Time	<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	Substitute	<input type="checkbox"/>	
Can you perform the essential functions of the job for which you are applying with or without accommodation?							
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Are you legally qualifies to work in the U.S.? (proof of citizenship or immigration status will be required upon employment)							
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Are you at least 18 years of age?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Have you ever worked for this company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If so, when?		
Do you have a valid driver's license?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Driver's License #:		
Driver's License State:	Type:	Exp. Date:					
Has your driver's license ever been suspended or revoked in any state? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, please explain							
Have you ever been convicted of any crime (other than minor traffic violations) Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, please explain: (note: Conviction of a crime may not necessarily bar employment. Do not report any convictions for which the records have officially been expunged.)							

EDUCATION				
High School	Address			
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree		Course of Study		
College	Address			
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree		Course of Study		
Other	Address			
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree		Course of Study		

REFERENCES			
Please list three professional references.			
Full Name		Relationship	
Company		Phone #	
Full Name		Relationship	
Company		Phone #	
Full Name		Relationship	
Company		Phone #	

List any experience you may have working with people with intellectual/ developmental disabilities:

List any current certifications or professional/ technical licenses: (CMT, CAN, CPR, 1st Aid, etc.)

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying?

Yes No

If yes, please describe:

PREVIOUS EMPLOYMENT				
Please list your current or most recent employer first				
Company		Phone		
Address		Supervisor		
Job Title		Starting Salary \$	Ending \$	
Responsibilities				
From:	To:	Reason for Leaving		
May we contact your previous supervisor for a reference?		Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Company		Phone		
Address		Supervisor		
Job Title		Starting Salary \$	Ending \$	
Responsibilities				
From:	To:	Reason for Leaving		
May we contact your previous supervisor for a reference?		Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Company		Phone		
Address		Supervisor		
Job Title		Starting Salary \$	Ending \$	
Responsibilities				
From:	To:	Reason for Leaving		
May we contact your previous supervisor for a reference?		Yes	<input type="checkbox"/>	No <input type="checkbox"/>

DISCLAIMERS AND SIGNATURE Please read carefully and sign below

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews, may result in refusal of employment, or, if employed, termination from CECA's employ, regardless of the timing or circumstances of discovery.
2. Any offer of employment I may receive from CECA is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any criminal record check and post-offer pre-employment medical examination that the company may require. I hereby consent to having the results of any post-offer pre-employment or post-employment medical examinations may be required to take disclosed to CECA. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of all pre-employment tests/checks will result in withdrawal of any employment offer or termination if already employed.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree the, if employed, I may be required to submit to random alcohol or drug screening. I hereby consent to have the results of any such alcohol or drug screening I may be required to undergo disclosed to CECA.
4. I understand that submission of an application does not guarantee employment. In processing my application for possible employment, the company may verify all the information provided by me.
5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, 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.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of CECA and understand the employer follows an employment at will policy and that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either CECA or myself. I further understand that no manager or representative of CECA other than the Executive Director or designee has the authority to enter into agreement with me for employment for any specified period of time to make any arrangement different from or contrary to the foregoing.

Printed Name: _____

Date: _____

Signature: _____