

Columbia Association  
6310 Hillside Court, Suite 100, Columbia, MD 21046  
410-715-3000

## APPLICATION FOR EMPLOYMENT

Please complete entire application even  
if you submit a resume.

Columbia Association (CA) is an equal opportunity employer. Columbia Association does not discriminate against any applicant for employment or any employee because of such individual's race, color, religion, sex, age, national origin, marital or veteran status, medical or physical condition or any other legally protected status. If you require an accommodation for an interview, you are encouraged to contact the Human Resources Department of Columbia Association (410-715-5527) in advance of the interview to minimize any potential inconvenience. Filing an application does not imply that you will be interviewed or hired, but that you will be considered for vacancies when vacancies exist. If you are offered employment, you will have to provide the proof of citizenship or work eligibility as required by the immigration Reform and Control Act. If you are offered employment, you will have to provide proof of all degrees and certifications listed on this application. This application does not constitute an employment contract or an offer of employment.

### POSITION INFORMATION

Position(s) applied for \_\_\_\_\_

Date of application \_\_\_\_\_

### PERSONAL INFORMATION

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

Address \_\_\_\_\_  
Street City State Zip

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ Email \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, give details: \_\_\_\_\_

*A record of conviction will not necessarily be a bar to employment; factors such as your age and the length of time since the offense, seriousness and nature of the offense, and rehabilitation will be taken into account, as well as any additional explanation and clarifying data you wish to submit.*

### REFERRAL SOURCE

Newspaper Ad *List specific Newspaper* \_\_\_\_\_  Employment Agency \_\_\_\_\_

Referred by CA Employee, *State name of Employee* \_\_\_\_\_  Job Fair, *State name of Job Fair* \_\_\_\_\_

Website \_\_\_\_\_  Other \_\_\_\_\_

Do you owe any past due debt to CA (for example, CA annual charge, membership fees, Before and After School Care or Camp fees)?

No  Yes If so, what is the type of debt? \_\_\_\_\_

### WORK INFORMATION

Have you ever applied to CA before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever worked for CA before?  Yes  No If yes, when? \_\_\_\_\_

Are you related to anyone who currently works for CA?  Yes  No

If yes, who \_\_\_\_\_ Relationship \_\_\_\_\_

Where does he/she work in CA? \_\_\_\_\_

Are you on lay-off and subject to recall?  Yes  No

Are you available to work?  Full Time  Temporary/Seasonal  Part Time  Weekends

Evenings  Overtime  Split Shifts

### INFORMATION REQUIRED BY LAW

Are you a citizen of the United States or otherwise eligible to work in the U.S.?  Yes  No

Are you under the age of eighteen?  Yes  No



## EMPLOYMENT EXPERIENCE

List each job held. Start with present/last job, don't include any employment beyond 10 years ago. Include military service assignments and volunteer activities.

**1** Employer \_\_\_\_\_ Time Employed *from, to* \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Phone Number(s) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Hourly Rates/Salary (starting/final) \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**2** Employer \_\_\_\_\_ Time Employed *from, to* \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Phone Number(s) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Hourly Rates/Salary (starting/final) \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**3** Employer \_\_\_\_\_ Time Employed *from, to* \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Phone Number(s) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Hourly Rates/Salary (starting/final) \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**4** Employer \_\_\_\_\_ Time Employed *from, to* \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Phone Number(s) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Hourly Rates/Salary (starting/final) \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**EDUCATION**

	Elementary	High School	Trade School	College/Univ.	Graduate/Prof.
<b>School Name</b>					
<b>Years Completed</b> (circle)					
<b>Describe Course of Study</b>					
<b>Describe Specialized Training, Apprenticeship Skills and Extracurricular Activities</b>					

**SKILLS AND OTHER QUALIFICATIONS**

Do you type?  Yes  No Words per minute \_\_\_\_\_

Do you operate any office equipment (i.e. fax, switchboard, photocopy machines)?  Yes  No

If yes, please describe briefly: \_\_\_\_\_

Have you had any computer experience (i.e. word processing)?  Yes  No

If yes, please describe briefly:

List any other special skills/qualifications you may have acquired from previous employment or other experience (such as operating special equipment, specialized programs, analyzing financial data, etc.):

**PROFESSIONAL MEMBERSHIPS**

List Trade or Professional Organizations of which you are a member, including offices held:



**AGREEMENT**

- I certify that the answers given herein are true and complete to the best of my knowledge.
- I authorize Columbia Association to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.
- I understand that this Application for Employment shall be considered active for a period not to exceed 90 days. If I want to be considered for employment beyond this time period, I should inquire as to whether applications are being accepted at that time.
- I also understand that falsification or omission of any material information requested or given in this application or interview(s) will be grounds for refusal to hire, or for immediate termination if I have been hired.
- I understand, also, that I am required to abide by all rules, regulations and policies and procedures of Columbia Association, as they presently exist or may be modified or issued.
- No statement of any person, whether in writing or otherwise, shall constitute a contract or guarantee of employment unless expressly stated in a written agreement signed by both the President of Columbia Association and me.
- I understand that my employment is entirely at will and for no definite duration. I can terminate my employment with Columbia Association at any time, with or without cause or notice, and Columbia Association can do the same.
- I understand that as a new Columbia Association employee I will be on a probationary period of 120 days.
- I understand that a medical examination to include screening for the use of illegal substances and alcohol may be required should employment be offered. I also understand that employment for some positions is contingent upon a satisfactory medical report and negative screen for drugs and alcohol.
- I understand that as a Columbia Association employee I will be responsible for reporting suspected child abuse to the appropriate authorities. I also understand that some positions require fingerprints and a criminal background investigation.
- I understand that as a part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.
- I understand that Columbia Association prohibits smoking in all of its offices, facilities and vehicles.
- I have read and understand the above statements.

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

**• 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.**

Acknowledged \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**REFERENCES**

Please provide us with names, addresses and phone numbers of three references (preferably professional references) not related to you.

Are you known to schools/references by another name?  Yes  No If yes, by what name? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Relationship \_\_\_\_\_

