

C•H•I Centers, Inc.
Inwood House Development Corporation
CHI Centers Services Corporation

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer--All applicants are considered for all positions without regard to race, color, religion, sex (including pregnancy, childbirth or related medical conditions), national origin, ancestry, age, disability, family care status, veteran status, marital status, sexual orientation or any other characteristic protected by law.

Please print or type Complete all information

LAST NAME: _____ FIRST NAME: _____ M.I. _____
STREET ADDRESS: _____ APT. NO. _____
CITY: _____ STATE _____ ZIPCODE _____
TELEPHONE: HOME: () _____ WORK: () _____ OTHER: () _____

POSITIONS APPLYING FOR

List position(s) you are interested in: _____
On what date would you be available to begin work? _____
Days & Hours Available to work: _____
Have you ever been employed with this agency? Yes No If yes, when?

Are you 16 years of age or older? Yes No
Are you legally eligible to work in the United States? Yes No ID required prior to employment

Male **Female**

REQUIREMENT TO DISCLOSE PRIOR CONVICTIONS OR PENDING CRIMINAL CHARGES

All positions at CHI Centers and Inwood House require that a criminal background be performed. Employment may be denied based upon the findings of this background check. Failure to disclose prior criminal offenses or pending criminal charges is perjury under Section 5-566 of the Maryland Code and may be reported to the authorities for further action.

S 5-566 MC Prior Criminal Offenses or Pending Criminal Charges requiring disclosure include: murder; child abuse; rape; a sexual offense involving a minor, a non-consenting adult, or a person who is disabled; child pornography; kidnapping of a child; child abduction; OR other serious offenses including drug use or distribution.

SWORN STATEMENT:

I authorize CHI Centers, Inwood House Development Corp. and/or CHI Centers Services Corporation to solicit information about my criminal background history. I hereby swear or affirm that I have not been convicted or charged with any of the aforementioned crimes listed in S 5-566 MC

X _____ . _____ . _____
Applicant Signature **Agency Witness** **Date**

EMPLOYMENT EXPERIENCE

Begin with your most recent experience. List all positions held in the last 7 years in and outside the US in date order. Include school, military service and/or volunteer work.
Explain dates that are not accounted for on the application, i.e., unemployed 6/2001-12/2001 or maternity time 9/2004-Present.

Company Name: _____ Employed: From: _____ To: _____
Address: _____ Wages: Starting _____ Ending _____
City: _____ State: _____ Zip code: _____ Reason for Leaving: _____
Direct Supervisor: _____
Company Telephone or fax # _____ May we contact this employer for references?
JOB TITLE: _____ Yes No
WORK PERFORMED: _____

Company Name: _____ Employed: From: _____ To: _____
Address: _____ Wages: Starting _____ Ending _____
City: _____ State: _____ Zip code: _____ Reason for Leaving: _____
Direct Supervisor: _____
Company Telephone or fax # _____ May we contact this employer for references?
JOB TITLE: _____ Yes No
WORK PERFORMED: _____

Company Name: _____ Employed: From: _____ To: _____
Address: _____ Wages: Starting _____ Ending _____
City: _____ State: _____ Zip code: _____ Reason for Leaving: _____
Direct Supervisor: _____
Company Telephone or fax # _____ May we contact this employer for references?
JOB TITLE: _____ Yes No
WORK PERFORMED: _____

AUTHORIZATION TO OBTAIN PROFESSIONAL REFERENCE CHECK

To comply with State and Local Laws governing facilities that serve in the public interest, CHI Centers and Inwood House must obtain at **least 2 references** for each employee.

I authorize CHI Centers, Inc. to contact approved listed employers, personal references and schools to investigate any information pertaining to current and past work history and release all parties from any liability with respect to information given. I understand that all information on this application will be kept confidential.

X Applicant Signature: _____ Date: _____

DRIVER'S LICENSE: NUMBER _____ STATE OF ISSUE _____

NOTE: Many positions at CHI Centers and Inwood House require a valid driver's license in the job requirements.

EDUCATION AND PROFESSIONAL SKILLS

High School or GED Certificate	Undergraduate College/Univ.	Graduate/Professional
Name: _____	University: _____	Univ/School: _____
City/State: _____	City/State: _____	City/State: _____
High School Years Completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Degree: <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> BS Field of Study: _____	Degree: <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Field of Study: _____
	Years Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Years <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

SPECIALIZED TRAINING/LICENSES

	Organizing	Organization/State	Date
CDL Driver's License			
Certified Nursing Assistant CNA/GNA			
CPR Certification			
First Aid			
Direct or Personal Care Experience			
Knowledge of IP or DDA/CARF guidelines			
RN or LPN training			
Nurse's Aid training			
Physical Therapist training			
Maryland Medication Monitor training			
Occupational Therapist training			
Special Education training			
Social Work training			
Speech/Language Pathology training			
Behavioral Management training			
Other			

Have you previously worked with individuals with special needs? Yes No

Please include any volunteer, private or home experience. **If yes, please explain:**

Other: Civic Activities

Professional Organizations or Memberships

Personal References

Name	Address	Title/Relationship	Day-Time Telephone#

Please Indicate languages your can speak, read and/or write:

Languages	Speak	Read	Write
	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair.
	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair.
	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair.

In what computer software are you proficient?

- Windows
 MS Word
 Excel
 Access
 PowerPoint
- Other:** _____ WordPerfect

NOTE: This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to vacancies and if applications are being accepted.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- In consideration of my employment, I agree to conform to the policies and procedures of the agency. I understand that in accepting this application, the agency is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed “at will” and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.
- This agency is a “Drug Free Workplace”. I understand I may be subject to pre-employment and random drug testing.
- I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

X Signature _____ Date _____

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND IS SUBJECT TO A FINE NOT EXCEEDING \$100.00

NOTICE AND ACKNOWLEDGMENT
IMPORTANT— PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

CHI Centers, Inc. ("the Company" or "Employer") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with employers and/or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Background Investigations, Inc. (EBI), P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a Summary of Your Rights Under the Fair Credit Reporting Act. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from EBI all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records, transcripts, grades and attendance records, employment history, salary information and references, drug and alcohol testing results) requested by EBI acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Employer (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Employment Background Investigations, Inc., P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. The source of any credit report will be TransUnion P.O. Box 1000, Chester, PA 19022, 1-800-888-4213.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
 - A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
 - By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.
- "Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

TO BE COMPLETED BY APPLICANT

The Following Information Is True And Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only. Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.

Last Name													
First Name					Middle Name								
Other Last Names Used													
Current Address											Apt.		
City											St.	Zip	
Date of Birth (mm/dd/yyyy)				Social Security No.									
Driver's License No.													
Other States and Counties I Have Lived													
		State	County		Zip Code	Frm (Yr)	To (Yr)	State	County		Zip Code	Frm (Yr)	To (Yr)
1								3					
2								4					

Applicant Signature: _____ Date: _____



Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130 -A 600 Pennsylvania Ave. N.W., Washington, D. C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

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VOLUNTARY INFORMATION

Job Applying for:

- Clerical/Accounting
- Human Resources/Administration
- Adult Program Workshop
- Case Manager
- Transportation Driver
- Property Maintenance
- Residential Counselor (Direct Care)
- Supported Employment Job Coach
- Nurse (RN or LPN)
- Other: _____

How did you learn about CHI?

- Newspaper Advertisement
 - Washington Post
 - Gazette
 - CHI Website (www.chicenters.org)
 - Other: _____
- CHI Employee: _____
- Worked at CHI previously
- Friend (not a CHI employee)
- Other: _____

The Equal Opportunity Commission requests that CHI track the following information for the purposes of showing that we follow fair procedures to prevent discrimination in hiring. If you choose to answer the following, please be assured that the information will be kept confidential and will only be used in EEO reporting.

Sex: Male Race: _____
 Female

Have you served in the U.S. Armed Services? No Yes

Are you presently listed as disabled? No Yes

Verification of Employment Reference Check

To: _____
(Company)

(address or fax)

(Attention): _____

From: CHI Centers, Inc.
Human Resources
10501 New Hampshire Avenue
Silver Spring, MD 20903
301-445-3350 Extension 122
Fax: 240-533-4000

Applicant's Name: _____

AUTHORIZATION OBTAIN PROFESSIONAL REFERENCE CHECK

To Comply with State and Local Laws governing facilities that serve in the public interest, CHI Centers and Inwood House must obtain at **least 2 references** for each employee.

I authorize CHI Centers, Inc to receive documentation from the above listed employer to investigate any information pertaining to current and past work history and release all parties from any liability with respect to information given. I understand that all information on this application will be kept confidential.

X Applicant Signature: _____ Date: _____

Applicant Data

1. Was employed by your company? ____ Yes ____ No
2. Employment Dates: _____ to _____
3. Starting Position: _____
4. Starting Salary: _____
5. Ending Position: _____
6. Ending Salary: _____
7. Would you rehire the applicant? ____ Yes ____ No
8. Applicant's Responsibilities: _____

Completed by: _____

PRINT NAME

TITLE

SIGNATURE

DATE

(OVER)

Verification of Employment Reference Check

To: _____
(Company)

(address or fax)

(Attention): _____

From: CHI Centers, Inc.
Human Resources
10501 New Hampshire Avenue
Silver Spring, MD 20903
301-445-3350 Extension 122
Fax: 240-533-4000

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6. Ending Salary: _____
7. Would you rehire the applicant? ____ Yes ____ No
8. Applicant's Responsibilities: _____

Completed by: _____

PRINT NAME

TITLE

SIGNATURE

DATE

(OVER)

Rate the applicant's performance by using the following scale: 1 lowest – 5 highest rating

Performance / Behavior Rating Comments	1 Poor	2 Marginal	3 Satisfactory	4 Very Good	5 Excellent
Attendance					
Attitude					
Cooperation					
Job Skills					
Initiative					
Productivity					
Reliability					
Quality of Work					

Please state the applicant's

Strengths:

Weaknesses:

Why did this person leave? _____

Comments:

Rate the applicant's performance by using the following scale: 1 lowest – 5 highest rating

Performance / Behavior Rating Comments	1 Poor	2 Marginal	3 Satisfactory	4 Very Good	5 Excellent
Attendance					
Attitude					
Cooperation					
Job Skills					
Initiative					
Productivity					
Reliability					
Quality of Work					

Please state the applicant's

Strengths:

Weaknesses:

Why did this person leave? _____

Comments:
