



On Our Own of Frederick County, Inc.
Employment Application
(Please print)

DIRECTIONS: Please complete and email back to jobs.ooofc@gmail.com along with your resume, cover letter and reference letters.

APPLICANT INFORMATION:

Date: _____

Last Name _____ First _____ MI _____ DOB: __/__/__

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code _____

Phone: _____ E-mail: _____

Position Applied For: _____

Are you a U.S. Citizen? Yes _____ No _____

If no, are you authorized to work in the U.S.? Yes _____ No _____

Have you ever worked for this agency? Yes _____ No _____

If yes, when? _____

Do you know anyone who provides services or uses services at this organization?

Yes _____ No _____

If yes, who? _____

Do you have a valid driver's license? Yes _____ No _____

Are you willing for us to obtain a copy of your driver's record? Yes ___ No ___

Have you ever been convicted of a felony: Yes ___ No ___

If yes, please explain: _____

We may be doing a criminal background check. What will we find?

Are you able to work evenings? Yes___ No___ Weekends? Yes___ No___

Please explain if no: _____

Are you able to take trainings that may require staying overnight? Yes___ No___

Please explain if no: _____

Emergency Contact Person:

Name:_____ Phone(s)_____

EDUCATION: (Please check all that apply)

HS diploma/GED:___ Some college:___ AA degree:___ BA/BS degree___

From: _____

Professional Certifications/Licenses & date earned:

REFERENCES: (Please do not use family or friends as a reference)

Full Name_____ Relationship:_____

Address:_____ Phone:_____

Full Name_____ Relationship:_____

Address:_____ Phone:_____

PREVIOUS EMPLOYMENT HISTORY (Most Recent):

Company:_____ Phone:_____

Address:_____ Supervisor:_____

Job Title:_____ Dates worked:_____ to _____

Salary: \$_____ Responsibilities:_____

Reason for leaving: _____

May we contact this employer for a reference? Yes___ No___

Company:_____ Phone:_____

Address:_____ Supervisor_____

Job Title: _____ Dates worked: _____ to _____

Salary: \$ _____ Responsibilities: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes _____ No _____

FOR OFFICE USE ONLY

Date(s) Interviewed: _____ Interviewer(s) _____

Driving Record Verified (if applicable): Yes _____ No _____

Driver's License Verified: Yes _____ No _____

Hire Date: _____ Program: _____

Position: _____

Starting Hourly Wage: _____ Hours to be Worked Per Week: _____