



ATHELAS INSTITUTE, INC.
APPLICATION FOR EMPLOYMENT
"DRUG FREE WORKPLACE"

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONNEL INFORMATION

DATE: _____ SOCIAL SECURITY NUMBER _____

NAME: _____

PRESENT ADDRESS: _____

(Street Address)

(County/City/Zip Code)

PHONE NO. _____

REFERRED BY: _____ ARE YOU 18 YEARS OR OLDER? ___ No ___ Yes

EMPLOYMENT DESIRED

POSITION DESIRED: _____ DATE YOU CAN START: _____

SALARY DESIRED: _____ ARE YOU CURRENTLY EMPLOYED: ___ No ___ Yes

IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? ___ No ___ Yes

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? ___ No ___ Yes

AVAILABILITY: ___ FULL TIME ___ PART-TIME HOURS/DAYS AVAILABLE: _____

EDUCATION

	NAME & LOCATION (CITY/STATE)	NO. OF YEARS COMPLETED	DID YOU GRADUATE? CIRCLE ONE	SUBJECT STUDIED & DEGREE(S)
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
GRADUAGE			YES NO	
BUSINESS/TRADE /TECHNICAL			YES NO	

(Complete and return to :)
Athelas Institute, Inc.
Attn: Human Resources
9104 Red Branch Road Columbia, MD 21045

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment information. Begin with your present or most recent employer.

1) Company Name _____

Address _____

Phone () _____ Name of Supervisor _____

Dates Employed (month/year): From _____ To _____

Salary: Start _____ Last _____

Job Title an Brief Description: _____

Reason for Leaving: _____

2) Company Name _____

Address _____

Phone () _____ Name of Supervisor _____

Dates Employed (month/year): From _____ To _____

Salary: Start _____ Last _____

Job Title an Brief Description: _____

Reason for Leaving: _____

3) Company Name _____

Address _____

Phone () _____ Name of Supervisor _____

Dates Employed (month/year): From _____ To _____

Salary: Start _____ Last _____

Job Title an Brief Description: _____

Reason for Leaving: _____

ATHELAS INSTITUTE, INC
9104 RED BRANCH ROAD
COLUMBIA, MARYLAND 20945
(410) 964-1241

REFERENCE: LIST THREE (3) PERSONS NOT RELATED TO YOU

NAME	ADDRESS	PHONE	POSITION	YEARS KNOWN

Have you ever been convicted of a felony? ____NO ____ YES

If "YES," please describe in full. Failure to disclose a prior felony conviction will result in immediate termination.

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 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."

If you are hired by Athelas Institute, Inc. you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge, I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Athelas Institute, Inc.

I understand that any employment is conditioned on a background check. I authorize Athelas Institute, Inc. to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation without giving me prior notice of such disclosure. In addition, I release Athelas Institute, Inc. any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigations or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and prior notice, at the option of either myself or Athelas Institute, Inc. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Athelas Institute, Inc. unless made in writing.

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If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Athelas Institute, Inc. and as permitted by law. I consent to such examination and tests, and I request that the examining doctor disclose to Athelas Institute, Inc. the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired, a condition of employment will be that I abide by Athelas Institute's Drug and Alcohol Policy.

I understand that filling out this form does not indicate that there is a position open and does not obligate Athelas Institute Inc. to hire. If hired, I agree to abide by all company work rules, policies and procedures. Athelas Institute, Inc. retains the right to revise its policies or procedures, in whole or in part, at any time.

Date _____ Signature _____

FOR EMPLOYER USE ONLY:

Interviewer Comments:

CHECKLIST

- _____ Resume attached (if applicable)
- _____ Transcripts attached (if applicable)
- _____ References checked
- _____ Previous Training:
 - _____ Medication Admin (Date) _____
 - _____ CPR (Date) _____
 - _____ First Aid (Date) _____
 - _____ First Aid (Date) _____
 - _____ Other Certificates: (type/date)

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Previous Certification(s)

- 1) Are you currently CPR certified? _____ Yes _____ No
Expiration Date _____
- 2) Are you currently First Aid Certified? _____ Yes _____ No
Expiration Date _____
- 3) Are you currently certified to administer meds? _____ Yes _____ No
Date certified: _____
Do you have med certification letter? _____ Yes _____ No
(If yes, you are requested to bring it with you upon hiring.)

Upon hiring you will be requested to show proof of certification.

NOTE: NOT BEING CERTIFIED IN NO WAY AFFECTS YOUR CHANCES OF BEING HIRED. ATHELAS INSTITUTE OFFERS CLASSES FOR CERTIFICATION. THIS INFORMATION IS FOR INTERNAL PURPOSES ONLY.