



626 Potomac Avenue  
Hagerstown, Maryland 21740

Phone: 301-383-9981 | 301-383-9983 Fax:  
240-778-2233

Email: info@carefirstch.com

## JOB APPLICATION

*PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

Name and Address							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
If under 18, please list age				Email			
Job Type							
Days/hours available to work							
I have no preference.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
I am seeking a: Position	Full-time job			Part-time job		Full- or - Part-time	
Applying For :				Can you work nights? Date available to begin			
Additional Information							
Have you ever been employed by this organization in the past?					Yes		No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.					Yes		No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a with held judgment to a felony?					Yes		No
If Yes, please explain:							
Do you have a driver's license?		Yes		No		Issued in what state?	
Have you had any accidents during the past three years?				How many?			
Have you had any accidents during the past three years?				How many?			



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Education				
School	Location (mailing address)	Years Completed	Major	Degree of Diploma
<b>High School</b>				
<b>College or Business/Trade School</b>				
<b>Military</b>				
Have you ever been in the Armed Forces?		Yes	No	Date entered
Are you now a member of the National Guard?		Yes	No	Date entered
Specialty				



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### Work Experience

**Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.**

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?      Yes      No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?      Yes      No



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### Work Experience

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company		
May we contact this employer?	Yes	No

### References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

3.

4.

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature

Date