



“Fostering choice and preferred living”

### EMPLOYMENT APPLICATION

Goshen healthcare services inc. is committed to providing equal employment opportunity for all persons regardless of race, color, creed, gender identity or expression, religion, sex (including pregnancy), age, ancestry, marital status, national origin, sexual orientation (perceived or actual), mental or physical disability, genetic information or veteran status. **Criminal background, alcohol and substance abuse screenings are required before hiring and during employment with Goshen healthcare Services Inc.**

#### PERSONAL DATA

\_\_\_\_\_  
FIRST NAME MIDDLE LAST

\_\_\_\_\_  
DAYTIME TELEPHONE EVENING TELEPHONE CELL /TELEPHONE E-MAIL

\_\_\_\_\_  
PRESENT ADDRESS IN FULL CITY STATE ZIP

\_\_\_\_\_  
PERMANENT ADDRESS (IF DIFFERENT) CITY STATE ZIP

#### POSITION INFORMATION

REASON FOR APPLYING: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ FULL-TIME  PART-TIME

MOST POSITIONS REQUIRE WORKING OVERNIGHTS AND WEEKENDS. ARE YOU AVAILABLE TO WORK OVERNIGHTS AND WEEKENDS? YES \_\_\_ NO \_\_\_ IF NO, STATE YOUR AVAILABILITY? \_\_\_\_\_

ARE YOU AVAILABLE FOR ON CALL WORK? YES \_\_\_ NO \_\_\_

PREFERRED START DATE IF EMPLOYED \_\_\_\_\_ MINIMUM SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED WITH THIS COMPANY BEFORE? YES  NO

IF YES, STATE POSITION \_\_\_\_\_ DURATION OF EMPLOYMENT \_\_\_\_\_

DO YOU HAVE RELIABLE TRANSPORTATION? YES \_\_\_ NO \_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE: YES \_\_\_ NO \_\_\_?

STATE THE NUMBER OF POINTS AND/OR VIOLATIONS ON YOUR DRIVING RECORD \_\_\_\_\_

ARE YOU ABLE TO SHOW VALID WORKING PAPERS? YES  NO

IF No, Explain \_\_\_\_\_



"Fostering choice and preferred living"

**CRIMINAL BACKGROUND INVESTIGATION**

Maryland law requires criminal background investigations and fingerprinting of employees in certain job classifications. Employment with Goshen Healthcare Services Inc. depends on the information received from the criminal background investigation. The existence of a criminal record is not an automatic bar to employment.

Have you been convicted, plead guilty or nolo contendere (including a guilty plea for which PBJ was received) to any crimes? You are not required to disclose information concerning criminal charges that have not resulted in conviction, convictions pardoned by the Governor, or conviction which were expunged.  NO  YES

If Yes, Explain \_\_\_\_\_

Have you ever been investigated for alleged child or adult abuse charges?  NO YES

If Yes, Explain \_\_\_\_\_

Have you been listed as an excluded individual or entity on the federal list of medical-type providers?  NO YES

If Yes, Explain: \_\_\_\_\_

Have you been listed as a sanctioned provider on the Maryland State list of Medicaid providers?  NO YES

If yes, explain: \_\_\_\_\_

**LIST ANY RELATIVES EMPLOYED BY THIS COMPANY OR ANY BOARD MEMBERS THAT ARE RELATIVES:**

\_\_\_\_\_  
*NAME* *RELATION*

\_\_\_\_\_  
*NAME* *RELATION*

\_\_\_\_\_  
***EDUCATION (Proof may be required)***



"Fostering choice and preferred living"

**LIST ACADEMIC HONORS, AWARDS, OR SPECIAL ACHIEVEMENTS:**

---

**LIST SKILLS OR ADDITIONAL INFORMATION THAT COULD INFLUENCE A HIRING DECISION**

---

**LICENSES AND CERTIFICATIONS:** (Copies are required) CMT, FIRST AID/ CPR, MANDT

DRIVER'S LICENCE: TYPE \_\_\_\_\_ STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

LICENSES: TYPE \_\_\_\_\_ STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

LICENSES: TYPE \_\_\_\_\_ STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CERTIFICATIONS: TYPE \_\_\_\_\_ STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CERTIFICATIONS: TYPE \_\_\_\_\_ STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Has your license or certification EVER been revoked or suspended?  NO  YES

If Yes, Explain \_\_\_\_\_

---

**REFERENCES**

---

NAME ADDRESS RELATIONSHIP TELEPHONE

NAME ADDRESS RELATIONSHIP TELEPHONE

NAME ADDRESS RELATIONSHIP TELEPHONE



"Fostering choice and preferred living"

**EMPLOYMENT HISTORY:** (LIST ALL EMPLOYMENT FOR THE PAST FIVE YEARS. EXPLAIN ANY GAPS OF EMPLOYMENT)

TITLE \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 STARTING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 DUTIES \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

TITLE \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 STARTING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 DUTIES \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

TITLE \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 STARTING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 DUTIES \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

TITLE \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 STARTING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 DUTIES \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

TITLE \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 STARTING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 DUTIES \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_



*"Fostering choice and preferred living"*

## CONDITIONS AND RELEASES

**EQUAL OPPORTUNITY EMPLOYER:** Goshen Healthcare services Inc. does not unlawfully discriminate in employment and no question on this application is used to limit or excuse any employment applicant from consideration for employment on a basis prohibited by local, Maryland State or federal law. does not refuse to hire a qualified individual with a disability because that person needs reasonable accommodation as required by the ADA.

**EMPLOYMENT AT WILL:** If hired, I understand that I am free to resign anytime, with or without cause and without prior notice, and Goshen Healthcare Services Inc. reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an employment agreement or contract for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary and such assurances must be in writing and signed by an authorized officer.

**IDENTITY:** I understand if I am hired, I must provide proof of identity and legal work authorization.

**TB SCREENING:** As a condition of employment, I understand I must provide proof of a negative TB screening conducted within the last six (6) months

**MEDICAL EXAMINATION:** Certain job classifications required employees to have a physical examination and vaccinations. If hired before passing ALL medical requirements of your job classification, I understand that my continued employment will be dependent upon my providing written proof of passing these requirements.

**DRUG TESTING:** Pre-employment drug testing is required for all employment applicants.

**DRIVING RECORD CHECK:** Applicants are subject to a check of their driving record. You must have less than 4 points on driving record.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PAYROLL DEDUCTION RELEASE:** I hereby authorize to deduct from my pay the following as applicable:

- Cost of any damaged or unreturned training course materials;
- Cost of Licensing and certification fees;
- Cost of all unauthorized personal calls on Agency-issued phones that exceed the current limit;
- Cost of keys, cell phones, petty cash funds, advances, and equipment damaged or unreturned.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**REFERENCE RELEASE:** Goshen Healthcare Services Inc is hereby authorized to request references from all persons and former employers' reference in this application. I hereby release all persons and former employers from any liability regarding my seeking or receiving employment with Goshen Healthcare Services Inc. is hereby authorized to release copies of this application, the findings of all employment screens, checks, interview information and other employment related information to resource coordinators, other agencies, State officials, individuals receiving services, their representatives and other team members.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that if I am employed, any misrepresentation or material omission made by me on this application is sufficient cause for cancellation of this application or immediate discharge from whenever it is discovered. I represent and warrant that I have read and fully understand the foregoing conditions stated in this application and seek employment under these conditions. Applications remain active for one year. However, applicants must contact to update their application if they wish to be considered for employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# GOSHEN HEALTHCARE SERVICES EMPLOYEE AGREEMENT

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Prior to any employment offer with Maximum Support Services, per our policy we require the following background checks to be completed on every employee.

- ***Criminal Background Check***
- ***Prove of Work Eligibility to Work (required)***
- ***Child Protective Background Check***
- ***Driving Record Background***
- ***Pre-Employment Verification***
- ***References-Up to Three***
- ***Work References-Last 5 Years Jobs***

According to Goshen Healthcare Services policy, failure to complete any of the above satisfactorily, will result in Goshen Healthcare Services Inc, withdrawing or denying a job offer.Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Witnessed Date: \_\_\_\_\_

**\*\*\*IT IS MANDATORY THAT ALL APPLICANTS MUST BE LICENSED TO DRIVE AND INSURABLE (ACCORDING TO Goshen Healthcare. Services Inc. Policy INSURABILITY) WITHIN 90 DAYS OF BEING OFFERED EMPLOYMENT WITH FAILURE TO BECOME LICENSED IN THE REQUIRED TIME FRAME WILL RESULT IN THE TERMINATION OF YOUR POSITION. \*\*\***

APPLICANT SIGNATURE: \_\_\_\_\_