

Application for Employment



Social Service Consultants, LTD

3230 Bethany Lane, Suite 5
Ellicott City, MD 21042
(410) 313-9181

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____ Social Security # ____-____-____

Address _____

Telephone # (____) _____ Mobile/Beeper/Other # (____) _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18, and it is required, can you furnish a work permit?..... Yes No

If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions _____ Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired salary range?.....\$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential" functions" to respond

Driver's license number if driving may be required in position for which you are applying _____ State _____

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # (____) _____	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____
Why did you leave?		Compensation (Final)
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
		Commission/Bonus/Other Compensation \$ _____

Employer	Telephone # (____) _____	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
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Why did you leave?		Compensation (Final)
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
		Commission/Bonus/Other Compensation \$ _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

- Word Processing _____ Years: _____ E-mail _____ Years: _____
- Spreadsheet _____ Years: _____ Internet _____ Years: _____
- Presentation _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

"UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100."

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



DISCLOSURE AUTHORIZATION AND CONSENT FORM

PLEASE READ CAREFULLY

We truly welcome your application with Social Service Consultants. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence we require, as a condition of employment, that all applicants consent to and authorize a pre-employment and/or continued employment verification of their background, including information submitted on their application or resume.

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a social security number trace, motor vehicle verification, education, previous employment, credit and a criminal background verification. In addition, investigative consumer reports gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained for the purpose of this employment application. By the signature below, the Applicant acknowledges that AccuSource, Inc. has made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that Social Service Consultants may now, or any time while I am employed/training, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment/training eligibility under Social Service Consultants employment/training policies. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/training, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize AccuSource, Inc. at 1240 E. Ontario Avenue, Suite 102-140, Corona, California 92881, 951-734-8882, customerservice@accusource-online.com, www.accusource-online.com, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative Social Service Consultants. Contact AccuSource, Inc., if you want to receive a copy of our Information Security Policy.

I have read and understand this disclosure, and I authorize the background verification.

I authorize persons, schools, current and former employers, and other organizations and Agencies to provide AccuSource, Inc. with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/training was denied based on information obtained by my prospective employer/training program and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name	First Name	Middle Name
List Other Names Used	Date of Birth (For Identification only)	Social Security Number
Drivers License Number	State Drivers License Issued	Last Name on Drivers License
Current Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates

Applicant's Signature

Today's Date

← RELEASE MUST BE SIGNED

- Please provide me with a copy of my credit report (California, Oklahoma, Minnesota residents only)
- Please provide me with a copy of my investigative consumer report (California, New Jersey and New York residents only)



ALL APPLICANTS MUST COMPLETE THIS FORM IN ORDER TO APPLY FOR EMPLOYMENT WITH SOCIAL SERIVCE CONSULTANTS, Ltd.

Are you **PRESENTLY** or have you **EVER** been employed by the Howard County Public School System?

Yes _____ No _____

If yes, please provide your dates of employment and position/job title.

I certify that the above statements are true and if later discovered to be false in any manner, it will be justification for immediate termination of employment.

Signature

Date

12/3/12



MEMBER OF
American Staffing Association



410-313-9181 OFFICE



NOTICE TO APPLICANTS REGARDING FINGERPRINT /BACKGROUND CHECKS
WITH MARYLAND/CJIS AND FBI

- *Your fingerprints will be used to check criminal history with Maryland and the FBI
- *We will provide you the opportunity to challenge the accuracy of the results
- *Procedures for updating a correction or change in a FBI criminal history record is set forth at Title 28, Code of Federal Regulations(CFR), Section16.34 , Or you can contact them at FBI/CJIS Unit , Attn: Correspondence Section, 1000 Custer Hollow Rd., Clarksburg, WV 26306
- *Procedures for correcting or changing a Maryland CJIS report are found at : MD Criminal procedures Article 10-101-10-109 or go to; www.dpscs.state.md.us and press the "find a service tab to the left", then press the expungement tab for detail directions.
- *You will not be denied or approved for employment, based on the Criminal histoy report, until you have been afforded a reasonable time to correct it (90 days from notice) or you decline to do so.
- *We use the criminal history record solely for the purpose requested and will not disseminate or share the record outside this agency or authorized entity.

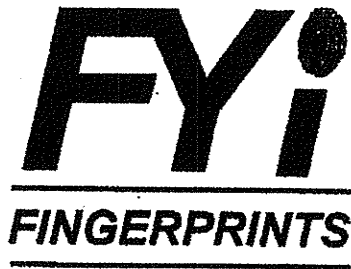
December 1, 2014

410-313-9181 OFFICE



MEMBER OF
ASA American Staffing Association





FYI FINGERPRINTS
3696 Park Ave, Suite 103
Ellicott City, MD 21043
Ofc. (410) 418-4657
Fax (410) 418-5820
www.fyifingerprints.com
E-mail: info@fyifingerprints.com

LIVE SCAN FINGERPRINTING

**Connected to CJIS
\$20.00 fingerprinting fee
plus State Licensing fee**

INKED FINGERPRINTING

\$20.00 Minimum (up to two cards, \$10 per ea additional card)

Our fees are the same as CJIS @ Reisterstown Plaza

Payment: Cash or Credit card

No personal checks

Visa, Master Card, Discovery and American Express

(Please Arrive 30 mins. prior to closing)

One Valid form of Identification is required for all persons being fingerprinted

Mobile fingerprinting at your site is available!

Directions

From Route 40 East. Take Right at the 1st Traffic Light (Rogers Avenue). Follow approximately ¼ of a mile (Road turns into Courthouse Drive). Follow the signs for the Circuit Court / Sheriffs Office (Not District Court). You will arrive at two big parking lots on your right hand side so please park here. At the stop sign is Park Avenue. FYI Fingerprints is the 1st building on the corner (white with blue shutters). Proceed to the 1st floor and we are in the first office on the right.

For additional information please check our website

www.fyifingerprints.com

Monday 9:00am-2:00 pm

Tuesday & Thursday 9:00am-7:00pm

Wednesday and Friday 9:00-4:00pm

Saturday 9:00-12:00

Additional afternoon and evening hours by appointment

SOCIAL SERVICE CONSULTANTS, LTD.
 3230 BETHANY LANE, SUITE #5
 ELLICOTT CITY, MD 21042



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)			
Name:			
Date of birth:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please check)	
Height: ft. (2) inches	Weight: lbs.	Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please check)			
Place of Birth:		Citizenship:	
Current address:			
City:		State:	ZIP Code:
Daytime Phone:	Evening Phone:	Driver's License #:	
AGENCY INFORMATION			
Agency Authorization #: 9000041256			
ORI # (if required):		Reason fingerprinted?	
Position Applied for: TEACHER AID		EMPLOYMENT	
Request Type: (Choose one ONLY)		<input type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input checked="" type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing	
<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Attorney/Client	SOCIAL SERVICE CONSULTANTS, LTD. 3230 BETHANY LANE, SUITE #5 ELLICOTT CITY, MD 21042	
<input type="checkbox"/> Child care	<input type="checkbox"/> Criminal Justice		
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> Gold Seal/Letter/VISA		
<input type="checkbox"/> Government Employment			
Mail Response to: (Mailing option only available for Visa Gold Seal and/or Individual Review)			
Name: _____			
Address: _____			
City, State, Zip code: _____			