



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, disabilities or national origin. Consistent with the American with Disabilities Act. Applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

DATE _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

NAME: _____

PRESENT ADDRESS: _____
(STREET ADDRESS)

(COUNTY/CITY/ZIP CODE)

PHONE NO: _____

REFERRED BY: _____ ARE YOU 18 YEARS OR OLDER? ___ YES ___ NO

EMPLOYMENT DESIRED: _____ DATE YOU CAN START: _____

SALARY DESIRED: _____ ARE YOU CURRENTLY EMPLOYED: ___ YES ___ NO

IF SO MAY CONTACT YOUR PRESENT EMPLOYER? ___ YES ___ NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? ___ YES ___ NO

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

EDUCATION

	NAME & LOCATION (CITY/STATE)	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE? CIRCLE ONE	SUBJECT STUDIED & DEGREE(S) RECEIVED
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
GRADUATE			YES NO	
BUISNESS/TRADE/ TECHINICAL			YES NO	

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 Number () _____ - _____ - _____ Name of Supervisor: _____
Dates Employed (month/year): From: _____ To _____
Salary: Start: _____ Last: _____
Job Title and Brief Description: _____

Reason for Leaving: _____

2) Company Name: _____
Address: _____
Phone Number () _____ - _____ - _____ Name of Supervisor: _____
Dates Employed (month/year): From: _____ To _____
Salary: Start: _____ Last: _____
Job Title and Brief Description: _____

Reason for Leaving: _____

3) Company Name: _____
Address: _____
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Salary: Start: _____ Last: _____
Job Title and Brief Description: _____

Reason for Leaving: _____



ATHELAS INSTITUTE, INC
 9104 RED BRANCH ROAD
 COLUMBIA, MARYLAND 21045
 (410)964-1241

REFERENCES LIST THREE (3) PERSONS NOT RELATED TO YOU.

NAME	ADDRESS	PHONE #	POSITION	YEARS KNOWN

Have you ever been convicted or charged with a felony?.

_____ NO _____ YES

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

"Under Maryland law an employer may not require or demand any applicant for employment prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examinations as a condition of employment or continued employment, any employer who violates this provisions is guilty of a misdemeanor and subject to a fine no to exceed \$100.00.

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.

AUTHORIZATIONS

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 authorized Athelas Institute, Inc. to thoroughly investigate all statements contained in my application or resume, and I authorized 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 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.

If I am offered employment I agree to submit to a medical examination and drug test starting work. If employed, I also agree to submit to a medical examination and drug test 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 examination and drug test, and 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 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 it's 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) _____
 - _____ Other Certificates: (Type/Date)
 - _____
 - _____
 - _____
 - _____
 - _____

NATIONAL BACKGROUND INVESTIGATIONS, INC.
P.O Box 996, Stevensville, Maryland 21666
Telephone No. 410-604-2430/ Facsimile No: 410-604-2496

APPLICANT RELEASE AND AUTHORIZATION FORM-WR

I hereby authorize Athelas Institute, Inc. or authorized representative of the company bearing this release in obtain and release any information pertaining to my background, including any of the services noted below, for employment purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigations of my background for said purposes. PLEASE PROVIDE MINIMUM 7 YEARS RESIDENTIAL HISTORY.

Name: _____ Alias: _____
(Print Clearly First, Middle, Last))

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State: _____ Signature: _____

(1) Current Address _____ City/State _____
County _____ Dates/From _____ To _____

(2) Previous Address: _____ City/State: _____
County _____ Dates/From: _____ To _____

(3) Pervious Address: _____ City/State: _____
County: _____ Dates/From: _____ To _____

Witnessed By: _____ Date/From: _____ To _____

IMPORTANT: FOR CLIENT USE ONLY-MARK AN X FOR ANY OF THE FOLLOWING:

Would you like NBI to also check Alias/Other name given? Yes _____ No _____
(Be advised there is an additional charge per alias name)

Criminal History Record Search:

(1) Current Address _____ (2) Previous Address _____ (3) Previous address _____

Maryland (Statewide) Criminal Search _____ Maryland Traffic Court Search _____

Motor Vehicle Report (Driving Record) _____ Social Security Number Trace _____

Sex Offender Registry _____ Wants/Warrants _____ Credit Report _____

Bankruptcy _____ Federal Criminal _____ Federal Civil _____

Federal Tax Lien _____ State Tax Lien _____ Worker's Compensation _____

Civil Judgement: Upper Court _____ Lower Court _____

Verification (Specify Number of Items): Education _____ License _____ Employment _____



To: _____

Re: Employment Reference Check

_____, social security # _____

applied to our Agency for employment as _____.

He/she states that they were employed by you as a (n) _____

from _____ to _____.

It would be helpful to us in making our final selection if you could answer the following questions:

A. Date of employment: From _____ To _____

B. Ability: Good Fair Poor

C. Was his/her attendance regular? Yes No

D. Can you recommend him/her without apprehension? Yes No

E. Reason for termination: Resigned Discharged Layoff

F. Performance: Good Fair Poor

G. Would you rehire? Yes No

If no, why? _____

Employer Representative

Date

Thank you for your time and consideration. Please mail or fax to:

Athelas Institute, Inc.
9104 Red Branch Road
Columbia, MD 21045
Fax: 410.964.3140

Athelas Supervisor

Date

Release of information permission:

I, _____, give my permission to the above agency/company to release this information to Athelas Institute, Inc. I understand that this information will be used in confidence.



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