

Charles County HARC, Inc.

Post Office Box 2367, Waldorf, MD 20604

Phones: (301) 932-7030 * (301) 870-5970 * FAX (301) 932-4332

APPLICATION FOR EMPLOYMENT

Name: _____ Social Security #: _____

Address: _____ Birth Date: _____

_____ Home Phone # _____

_____ Work Phone # _____

Do you have a valid driver's license? _____ Driver's License Number: _____

License from State of: _____ Do you have reliable transportation? _____

Do you require adaptations or other assistance to perform the job applied for? _____ Describe: _____

UPON EMPLOYMENT BY THIS AGENCY, A ROUTINE PHYSICAL WILL BE REQUIRED.

Have you been convicted of or pled guilty or no contest to any law violations besides minor traffic offenses or do you now have any such legal matters pending? _____ If Yes, please explain: _____

In case of emergency, notify (Name) _____ (Telephone) _____

Position applying for: _____ Date can start: _____

Are you employed now? _____ Have you applied with this Agency before? _____

Name and Address of School	Did you Graduate?	Graduation Date	If did not Graduate:	Degree and/or Area of Study
High School:			Years completed	

College:			Credits completed	

Trade or other Training: _____

Volunteer Work and Life Experience: _____