



**NOTICE TO APPLICANTS
AND EMPLOYEES**

Screening tests for illegal drug use may be required before hiring and during your employment here.

THE LEAGUE
FOR PEOPLE WITH DISABILITIES, Inc.
Putting Ability First

We welcome your interest in joining the staff of The League for People with Disabilities, Inc. In order for you to be fully considered for a position with the League, it is necessary that you satisfactorily complete the attached application form.

PLEASE NOTE:

- **COMPLETE APPLICATION-**Applications, that have not been fully Completed and signed will not be accepted. If there is insufficient space on the application for you to provide a complete response, please use an extra sheet of paper.
- **ACCURACY-** If you wish to submit a response, please attach it to the inside of the application. **DO NOT REFER TO** a resume in response to any application question. All questions must be answered on the application.
- **CRIMINAL BACKGROUND CHECKS-** Criminal background checks are a mandatory part of our hiring process.
- **DRUG SCREENING-** Pre-employment drug screening is required as part of the Drug Free Workplace Policy at The League. A copy of the full policy is available at the receptionist desk.
- **VOLUNTARY INFORMATION-** The application section titled Voluntary Self Identification Form is entirely voluntary on your part. You need not complete that section. The information is requested to help guide our recruitment efforts.
- **ASSISTANCE-**If you required assistance to complete this application, please let the receptionist know.

Please return the completed application to the **RECEPTIONIST DESK OR THE HUMAN RESOURCES OFFICE.**

Equal access to program, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Office.

**APPLICATION FOR EMPLOYMENT
RETURN TO HUMAN RESOURCES OFFICE
THE LEAGUE FOR PEOPLE WITH DISABILITIES, INC.
1111 EAST COLD SPRING LANE
BALTIMORE, MARYLAND 21239
(410) 323-0500 FAX: (410) 323-3298**

The following information is requested in order to help us make the best possible placement within The League. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling out this application form. The League is an Equal Opportunity Employer and,, in accordance with State and Federal laws, does not discriminate on the basis of race, color, national or ethnic origin, sex, martial status, religion, age, veteran status or physical or mental disability. The League is asl committed ot employment of women, minorities, and qualified individuals with disabilities and disabled veterans.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address)

(City) (State) (Zip)

Phone No.: _____ Alt. Phone No.: _____

Position for which you are applying: _____

Full-Time _____ Part-Time _____

Other Positions for which you would like to be considered: _____

DRIVING HISTORY (Complete only if applying for a position requiring driving)

Do you have a valid driver's license? ____ Yes ____ No

Issuing State: ____ Expiration Date: _____

CONVICTIONS: Have you ever been convicted of a criminal offense?

____ Yes ____ No If yes, please explain: _____

If needed, would you be able to work overtime? ____ Yes ____ No

Salary Desired: _____

Have you ever applied for employment with us before? ____ Yes ____ No

If yes, Month and Year: _____

If offered a position, when would you be available to start?: _____

EMPLOYMENT HISTORY (List most recent position first)

(1)

EMPLOYER	ADDRESS	START DATE	END DATE
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TYPE OF BUSINESS	TELEPHONE	IMMEDIATE SUPERVISOR
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POSITION AND DUTIES

REASON FOR LEAVING

(2)

EMPLOYEE	ADDRESS	START DATE	END DATE
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TYPE OF BUSINESS	TELEPHONE	IMMEDIATE SUPERVISOR
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POSITION AND DUTIES

REASON FOR LEAVING

(3)

EMPLOYER	ADDRESS	START DATE	END DATE
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TYPE OF BUSINESS	TELEPHONE	IMMEDIATE SUPERVISOR
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POSITION AND DUTIES

REASON FOR LEAVING

(4)

EMPLOYER	ADDRESS	START DATE	END DATE
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TYPE OF BUSINESS	TELEPHONE	IMMEDIATE SUPERVISOR
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POSITION AND DUTIES

REASON FOR LEAVING

(IF MORE SPACE IS NEEDED, PLEASE ATTACH EXTRA SHEET OF PAPER TO INSIDE OF APPLICATION)

VOLUNTEER EXPERIENCE THAT YOU BELIEVE WILL HELP YOU ON THE JOB.

LOCATION TEL. NO. DUTIES FROM TO SUPERVISOR

REFERENCES: (LIST PROFESSIONAL REFERENCES ONLY)

NAME ADDRESS TEL. NO.

I give my permission to contact employers and supervisors listed.

____ Yes ____ No

EDUCATIONAL DATA

Indicate the highest level of formal education you have completed:

Where: _____

List any other educational or training programs you have completed which you believe will help you on the job.

**WHERE COURSE TITLE/MAJOR
DEGREE/CERTIFICATE REC'D**

**LIST ANY PROFESSIONAL LICENSE(S) AND /OR CERTIFICATION(S)
THAT MAY BE RELEVANT TO THIS POSITION.**

PROFESSIONAL/SERVICE AFFILIATIONS OR MEMBERSHIPS

LIST ANY OTHER ACCOMPLISHMENT, EXPERIENCE OR SKILL NOT OTHERWISE COVERED IN THIS APPLICATION THAT YOU BELIEVE WILL ASSIST YOU IN MEETING THE RESPONSIBILITIES OF THIS POSITION.

IN 2 TO 3 SENTENCES, DESCRIBE WHY YOU WOULD LIKE TO BE EMPLOYED AT THE LEAGUE FOR PEOPLE WITH DISABILITIES, INC.

CERTIFICATION

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I also understand that falsification of this application, in any detail, is grounds for disqualification from further consideration or for dismissal from employment. I agree to conform to the rules and regulations of The League. Further, I certify that I have read, understand and accept the following.

- Employment at The League is on an at-will basis. Employees are free to leave their position at any time, and The League is free to terminate any employee at any time and for any reason. Being offered a position at The League will not be considered receiving a contract for a specified period of time of employment. No commitment for employment, including commitments for the term of any employment, shall be valid or binding of The League or myself unless expressly set forth in a written document signed by the Chief Executive Officer. I understand that no other representative of The League has any authority to enter into any agreement for employment for any specified period of time, either prior to commencement of employment or after I have become employed, or to promise any benefits or terms and conditions of employment that are inconsistent with the written policies and procedures of The League.
- All new employees of The League shall, prior to the first day of employment, submit application for a criminal background investigation.
- All new employees of The League shall produce specified documents which authorize employment in the United States.

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICATION FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEAMNOR AND IS SUBJECT TO A FINE NOT TO EXCEED \$100.

APPLICANT'S SIGNATURE: _____

DATE: _____



THE LEAGUE

FOR PEOPLE WITH DISABILITIES, Inc.

Putting Ability First

THE LEAGUE FOR PEOPLE WITH DISABILITIES, INC. APPLICATION FOR EMPLOYMENT **VOLUNTARY SELF IDENTIFICATION FORM**

Name (Please Print): _____

As an employer, The League wishes to voluntarily comply with various laws and regulations which require us to maintain statistical records regarding employment applications received. In addition, we wish to voluntarily comply with various laws and regulations which protect persons with disabilities and veterans. The League is an Equal Opportunity Employer and does not discriminate in its admissions, programs, or employment on the basis of race, color, national or ethnic origin, sex, marital status, religion, age, veteran status, or physical or mental disability.

Your response to the questions on this page are voluntary and your completion of this page is not a requirement for consideration of your application. Please be assured that you will not be subjected to any adverse treatment if you do not provide this information requested, and that any information you do provide will be kept confidential, with the following exceptions:

- Supervisors may be informed if you request a reasonable accommodation in order for you to perform the essential functions of a job you are being considered for.
- Government representatives may be provided information in compliance with various laws and regulations.

Do you have a disability, or do you have any condition that may limit your ability to perform the position(s) for which you are applying? Yes _____ No _____

If yes, do you possess, or can we provide you with, any special methods, skills or procedures which might qualify you for positions you might not otherwise be able to do because of your disability or condition _____

Sex classification: Male: _____ Female: _____

Race/ethnic origin (circle which is applicable)	Caucasian
	African-American
	Hispanic/Latino
	Asian or Pacific Islander
	Native American or Alaskan Native

Signature of Applicant: _____ Date: _____



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FOR PEOPLE WITH DISABILITIES, Inc.
Putting Ability First

THE LEAGUE FOR PEOPLE WITH DISABILITIES, INC.
APPLICATION FOR EMPLOYMENT
PRE-EMPLOYMENT DRUG TESTING

The League is concerned with the safety, health, and well being of all its employees and clients, as well as the quality of the services we provide. Misusing alcohol, drugs, and controlled substances jeopardizes our ability to serve our clients. Therefore, we require applicants to undergo a pre-employment test for the presence of drugs and illegal substances to the extent allowable under applicable state and federal law. Positive results will cause the disqualification of the individual to the extent permissible under the law. We require that you complete this consent and release form in accordance with the policy.

I, _____, do hereby consent to undergo a pre-employment drug test as part of my application with The League. I understand that further consideration for employment may depend upon the results of this test as well as other factors to the extent permitted under applicable state and federal law. Further, I authorize the clinic, laboratory, hospital, or testing facility to release to The League the results of this test, and I release The League, its agents, doctors, staff and medical personnel from any and all liability arising from the release or use of this information.

Signature of Applicant: _____ Date: _____



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FOR PEOPLE WITH DISABILITIES, Inc.

Putting Ability First

THE LEAGUE FOR PEOPLE WITH DISABILITIES, INC. APPLICATION FOR EMPLOYMENT **AUTHORIZATION TO RELEASE INFORMATION**

The League for People with Disabilities, Inc. has the right to verify information provided in the application. False information may be grounds for rejecting this application or for dismissal following employment.

In connection with this application for employment, I authorize The League and any agent acting on its behalf to conduct an inquiry into any information contained in this application, including, but not limited to, employment records.

Moreover, I hereby release The League and any agent acting on its behalf from any and all liability of whatsoever nature by reason or requesting such information from any person.

Yes_____ No_____ (We may be unable to hire you without this information)

I declare that any statement in this application or information provided, is true and complete and hereby acknowledge that I have read and understand that application and its contents.

Signature of Applicant:_____ Date:_____

I, _____, hereby authorize The League for People with Disabilities or any representative acting on its behalf, to review any record of the Maryland State Police or a comparable agency in an other state or country relating to me, and to abstract and have photocopied any and all of such records.

If you are denied employment based on information received as part of this investigation you have a right under the Fair Credit Reporting Act to know the information contained in your file as the agency. You also have the right to obtain a copy of the agency's report, if you submit a written request to the agency no later than 60 days after you receive notification of the denial of your employment. Under the Fair Credit Reporting Act, if you find that any information contained in the agency's report is inaccurate or incomplete, you also have the right to dispute the information with the agency.

This authorization shall continue until revoked by me in writing.

Signature of Applicant:_____ Date:_____

