



# GLOBAL HANDS INC

## APPLICATION FOR EMPLOYMENT

Individuals are chosen on the basis of ability without regard to race, color, age, religion, sex, national origin, disability, marital status, sexual orientation, citizenship or any other protected classification in accordance with federal and state law.

We are an equal opportunity employer.

GLOBAL HANDS INC IS A DRUG-FREE WORKPLACE.

**Please note, this application must be filled out in its entirety to be considered.**

*If you need assistance completing this form, please contact the Human Resources Department*

### - PERSONAL INFORMATION -

(PLEASE PRINT NEATLY)

First Name	Middle Name	Last Name	
Street Address	City	State	Zip
Email Address	Daytime Phone Number ( ) - ( ) - ( )	Evening Phone Number ( ) - ( ) - ( )	Cell Phone Number ( ) - ( ) - ( )

### - EMPLOYMENT INFORMATION -

Position applying for: (DO NOT LEAVE BLANK)							
How did you learn of the position?					Desired Salary/ Rate of Pay: _____ per _____		
<b>Preferred Locations:</b>	Currently serving Central Maryland		<input type="checkbox"/> Baltimore County	<input type="checkbox"/> Baltimore City	<input type="checkbox"/> Harford County	<input type="checkbox"/> Howard County	<input type="checkbox"/> Other Counties-MD
	<input type="checkbox"/> Anne Arundel County						
<b>Availability:</b> (check all that apply)	<input type="checkbox"/> SUN	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WEDS	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT
	<input type="checkbox"/> DAYTIME		<input type="checkbox"/> EVENING		<input type="checkbox"/> 8HR Shift	<input type="checkbox"/> 2 ½ DAY SHIFT	
The following conditions may be required at some point in a job assignment. If required, would you be willing to work:  <i>Please note, Global Hands Inc is committed to accommodating an individual's religious beliefs and practices.</i>			Shift Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overtime work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends/holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have reliable transportation?			<input type="checkbox"/> Yes <input type="checkbox"/> No	How much travel are you willing to do each week?		/hrs	
Have you been previously employed at Global Hands Inc?					<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Dates: _____	
Have you previously applied to Global Hands Inc?					<input type="checkbox"/> Yes <input type="checkbox"/> No		

**- GENERAL INFORMATION -**

Are you 18 years of age or older? <i>If no, working papers are required prior to beginning work.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to work in the U.S.? Note: If hired, you must complete Section 1 on Form I-9 required by the U.S. Immigration and Naturalization Service no later than your first day of work and provide the documentation required by Section 2 no later than three (3) business days after your start work.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have relatives, friends, or acquaintances that work for Global Hands Inc? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Name: Relationship to you:	

**- EMPLOYMENT HISTORY - (COMPLETE ENTIRELY – NO OMISSIONS)**

	Employer Information <i>(Name, City/State, Phone No.)</i>	Dates Employed	Position Title	Supervisor, Position	Rate of Pay	
Most Current Employment		Start Date: / /			Starting:	Ending:
		End Date: / /				
	( ) -					
Responsibilities:			Reason for Leaving:			
Prior Employment		Start Date: / /			Starting:	Ending:
		End Date: / /				
	( ) -					
Responsibilities:			Reason for Leaving:			
Prior Employment		Start Date: / /			Starting:	Ending:
		End Date: / /				
	( ) -					
Responsibilities:			Reason for Leaving:			

**- EDUCATION -**

TYPE OF SCHOOL	NAME & LOCATION	NUMBER OF YEARS COMPLETED	GRADUATED	DEGREE or CERTIFICATE, DATE
High School/ GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/ Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
RELEVANT SPECIAL SKILLS, TRAINING, CERTIFICATIONS OR ACADEMIC ACHIEVEMENTS <i>(You may exclude all information indicative of age, sex, race, religion, color, national origin, disability or any other protected category or characteristic)</i>				LICENSES HELD:
Have you ever, or are you currently involved in any form of disciplinary action before any state licensing body or any accrediting body as a result of an investigative process?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide dates and details of circumstances.				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide dates and details of circumstances.				

**- BACKGROUND INFORMATION -**  
**- READ AND RESPOND TO EACH QUESTION THOROUGHLY -**

<b>Have you ever been convicted of a crime?</b> <i>Note: This question does not apply to convictions that have been expunged, sealed, pardoned, or otherwise exonerated or eradicated, or relate to a youthful offender adjudication or violation. (A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the position(s) for which you are applying may be taken into consideration.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , please fully describe the criminal conviction(s), listing the nature of the offense, its disposition(s), the date(s), jurisdiction(s) and your subsequent rehabilitation:	

<b>Do you have any pending criminal charges in any jurisdiction?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , please provide the date(s), jurisdiction(s), and status(es).	

**- DRIVING HISTORY -**

<b>Please list ANY and all moving/traffic/or vehicle violations (tickets) you have received within the four years immediately preceding the date of this application</b> (including but not limited to: DWI, Speeding, Cell Phone Violation, Seat Belt Violation, Expired License/Registration/Inspection, or other traffic violations).	<input type="checkbox"/> None

<b>Please list ANY and all driver license suspensions, revocations, or restrictions occurring within the last 4 years immediately preceding the date of this application, and please provide the date(s), jurisdiction(s), and status(es).</b>	<input type="checkbox"/> None

<b>Have you ever been involved, as a driver, in an auto accident during the 4 years preceding this application?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , please provide the date(s) and jurisdiction(s)	

**- MEDICAL -**

<b>A. Do you have any physical or mental conditions that prevent you from performing certain kinds of work?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , please provide explanation and details	

<b>B. In the past five (5) years, have you had any sickness that prevents you from performing certain kinds of work?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , please provide explanation and details	

**- ESSAY QUESTIONS -**

Please use the space provided below to respond.

What skills or abilities will you bring to our Agency that supports our commitment to quality care in a visionary way?

At work, are you fortunate? Please explain.

In living our Vision, we are driven by passionate and dedicated people. What does passionate mean to you?

**REFERENCES**

		May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Name, Company, Title	Location, City, State	Phone Number & Email
Professional References		Check if reference was your supervisor <input type="checkbox"/>		
		Check if reference was your supervisor <input type="checkbox"/>		
		Check if reference was your supervisor <input type="checkbox"/>		
		Name, Relationship (Do not list relatives)	Address	Phone Number & Email
Personal References				

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## APPLICANT'S STATEMENT

I have read and fully understand the questions asked in this application. I certify that I have provided truthful and complete responses to all inquiries in the application or interviews and understand that the discovery of any false, misleading information and/or the failure to provide information will result in the immediate rejection of my application or, if I am hired, will result in my immediate termination from employment.

I give Global Hands Inc, its affiliates, and parent company permission to verify all information provided on the application or in the interview(s), including the inquiry concerning criminal conviction(s), as well as contacting any and all of my previous employers and references and authorize them to provide all information requested of them by the Agency. I release Global Hands Inc, its affiliates and officers, my former employers and others that provide information about me from all liability whatsoever resulting from the disclosure of such information. I understand that my application for employment will not be processed unless I complete the attached **[Written Disclosure to Applicant and Consent to Request Consumer Report Information]** form.

I understand and acknowledge that the Agency may be required, pursuant to Maryland State Law, to request a check of my criminal history record information and review the results of such check.

I understand that neither this application nor any communication by a management representative is intended to create a contract of employment for any period. I understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Agency may discharge the Employee at any time with or without cause.

I understand all offers of employment are contingent on submission to a pre-employment drug test and receipt of a negative drug test result.

I agree to submit to a physical examination if the position for which I am offered requires such examination at the expense to the Agency and authorize the examining provider to disclose the findings to the Agency. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such physical examination.

In the event of employment, I understand that I am required to abide by all rules and regulations of the Agency. I further understand that the Agency may modify such rules and regulations from time to time at its sole discretion.

Applicant's Signature:	Date:
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### FOR EMPLOYER USE ONLY:

I, \_\_\_\_\_, have interviewed the candidate on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. I attest that I have thoroughly reviewed the statements in this application with the candidate.

Initials:

**Written Disclosure to Applicant and Consent to  
Request Consumer Report Information**

I understand that Global Hands Inc. may utilize the services of an outside agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, the Agency may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment. Upon request, I will be informed whether a report was requested from a consumer reporting agency and provided with the name and address of the consumer reporting agency.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven (7) years regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgments, liens, driving record, and criminal conviction background consistent with federal and state law. I further understand that should I accept an offer of employment, fingerprinting investigations will cover and exceed a minimum of seven (7) years in regards to all background processes.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords, public agencies, or other persons who may have such knowledge.

I also understand that before the Agency takes any adverse action, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the federal Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify the Agency within five business days of my receipt of the report. If I notify the Agency within five business days of the receipt of the report that I am challenging information in the report, the Agency will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Global Hands Inc. to procure a report on my background as stated above from a consumer-reporting agency.

Applicant's Name, Printed:	Date:
Applicant's Signature:	

## APPLICANT SELF IDENTIFICATION

Name: (Last, First, Middle)		Date:	
Street Address:			
County:	City:	State:	Zip:

Social Security Number (last 4 digits only): XXX \_\_\_ -- \_\_XX\_\_ -- [REDACTED]

The following information is being gathered not for employment decisions but for record-keeping in compliance with Federal laws and regulations. Your responses are strictly voluntary and will help in developing and monitoring our Affirmative Action Program. Any information provided will be kept confidential and will in no way be part of the selection process. If you choose not to answer any of these questions, you will not be subject to any adverse treatment. However, if you choose not to "self-identify" we are, under Federal regulations, required to maintain race and sex information on the basis of visual observation or personal knowledge. If you do not wish to furnish this information, please initial in the section below.

**RACE/ETHNICITY:** *(Please check the appropriate box)*

- White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, Or North Africa.
- Black or African American** (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- American Indian/Alaskan Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – A person having origins in any of the originals peoples of Hawaii, Guam, or other Pacific Islands.
- Two or more races**

**SEX:** *(Please check the appropriate box)*

- Female**
- Male**

*\*Please initial below only if you do not wish to furnish the above information.*

***I do not wish to furnish this information.*** [REDACTED] ***(Initials)***

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