



Southern Maryland Tri-County Community Action Committee, Inc.

Physical Address

8377 Old Leonardtown Road
Hughesville, MD 20637

Mailing Address

P.O. Box 280
Hughesville, MD 20637

Application for Employment

Please Identify if Internal or External Applicant Below

☐

Internal Applicant

☐

External Applicant

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume"). Applications with missing or invalid job numbers will not be considered for any position.

Position Applying for:			
Department:		Location:	
Name Last:		First:	Middle:
Street Address:			
City, State, & Zip:			
Last Four Digits Social Security#:	Home Phone:	Work Phone:	Cellular Phone:
Email Address:			
Are you related by birth or marriage to an SMTCCAC, Inc. employee?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, their name & their relationship to you?	
Are you related to any current SMTCCAC, Inc. Board Member?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, their name & their relationship to you?	
How did you learn about this employment opportunity at SMTCCAC, Inc.? Check all that apply:			
<input type="checkbox"/> Southern MD Online	<input type="checkbox"/> Indeed	<input type="checkbox"/> Referral by employee	<input type="checkbox"/> School
<input type="checkbox"/> SMTCCAC's Website	<input type="checkbox"/> Internet	<input type="checkbox"/> Job Bank	<input type="checkbox"/> Other:
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by court? <input type="checkbox"/> YES <input type="checkbox"/> NO Please Explain:			

Have you ever been fired or forced to resign from any job? ☐ YES ☐ NO If YES, list dates, departments, and titles:

EDUCATION:

Type of School	Name of School and Location	Did You Graduate?	Major or Degree
High School:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
GED:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other School:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College:		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Other credentials/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying:

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE: Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. If self-employed, give firm name and supply business references. **PLEASE DO NOT** completes this information with the notation "See Resume." **PLEASE NOTE:** SMTCCAC, Inc. reserves the right to contact all current and former employers for reference information.

Present Employer Name:	Dates Employed (most recent position): From: _____ To: _____
Employer Address:	Job Title:
Supervisor's Name:	Supervisor's Title:
Phone Number:	Fax Number:
Email Address:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:	Reason for Leaving:

Previous Employer Name:	Dates Employed (most recent position): From: _____ To: _____
Employer Address:	Job Title:
Supervisor's Name:	Supervisor's Title:
Phone Number:	Fax Number:
Email Address:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:	Reason for Leaving:

Previous Employer Name:	Dates Employed (most recent position): From: _____ To: _____
Employer Address:	Job Title:
Supervisor's Name:	Supervisor's Title:
Phone Number:	Fax Number:
Email Address:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:	Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in the application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

Employees of SMTCCAC, Inc. are always considered "AT WILL" Employees. "AT WILL" means you have the right to terminate your employment and the Agency has the right to terminate your employment, for any reason or no reason.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

SMTCCAC Inc. provides a healthy, safe environment for all employees. Therefore, this Agency is declared a Smoke-Free, Drug and Alcohol-Free Workplace. I fully understand that I am obligated to abide by the terms of the policies and failure to do so will result in personnel action against me up to and including termination of employment.

All employees are required to have a Pre-Employment Criminal Background Check and must meet Maryland laws and standards.

FOR MARYLAND APPLICANTS ONLY

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT 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 MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

I hereby affirm that this application contains no willful misrepresentations and that the information given by me is true and complete to the best of my knowledge and belief.

Applicant's Signature

Date

SMTCCAC, Inc. is an Equal Opportunity Employer prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, disability, veteran status or any condition prescribed by state or local law. SMTCCAC, Inc. is a Drug-Free Workplace.



Southern Maryland Tri-County Community Action Committee, Inc.

We are an equal opportunity employer and will not discriminate against an applicant or employee based on race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, genetic information or any other classification protected by federal, state, local laws, regulations or ordinances. The information below will be used only in the compilation of data for Equal Employment Opportunity (EEO).

Completion of this data is **voluntary** and will not affect your opportunity for employment or terms or conditions of employment, if hired. Identification can be declared at any time prior to or, if applicable, after hire. Please complete the following information and return with your application.

Please Complete in Full:

Position Applying For:	Date:
Name:	Last Four Digits SSN#:
Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth: / /

Race/Ethnicity: (Please check one of the descriptions below corresponding to the ethnic groups with you most identify).

- ☐ **White (Not of Hispanic or Latino)** – A person having origins in any of the original people 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.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ **Asian or Pacific Islander (Not of 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.
- ☐ **American Indian or Alaskan Native (Not of 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.
- ☐ **Two or More Races (Not of Hispanic or Latino)** – All persons who identify with more than one of the above five races.
- ☐ **Race Missing or Unknown** – Applies to Applicants only, where a resume or application that is screened is received without racial or ethnic identification and no further contact is made with the applicant.

Veteran Status: (Please check one if it describes your veteran status*).

☐ **Special Disabled Veteran:** Means (A) a veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.

☐ **Vietnam ERA Veteran:** A Vietnam Era veteran is a person who (1) served active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961, and May 7, 1975.