



Upper Bay Counseling & Support Services, Inc.
200 Booth Street, Elkton, MD 21921
Phone: 410-996-5104
Fax: 410-996-5197

Position:	_____
Date Employed:	_____
Unit or Dpt.:	_____
Salary:	_____
Status:	FT PT T FFS
Work Schedule:	_____
Replacement:	_____
Addition:	_____

Date: _____

The employment policies of UBCSS are to recruit and hire qualified employees without discrimination because of race, religion, creed, color, age, sex, marital status, national origin, citizenship status, ancestry, disability, veteran status, communication ability or sexual orientation and to treat them equally with respect to compensation and opportunities for advancement – including upgrading, promotion and transfer –consistent with individual skills and the needs of UBCSS.

Please print:

Name: _____
Last First Middle

Address: _____
Street & Number City State Zip

Telephone: _____ Cell Number: _____

E-mail Address: _____

Employment Desired

Position Applying For: _____ Full-time Part-time

Hours Preferred: _____ Date available to start work: _____

Have been previously employed by UBCSS? Yes No
If so, Position? _____ When? _____ Supervisor? _____

Personal

Are you currently charged, excluded, suspended, debarred, or otherwise ineligible to participate in the federal health care programs, including Medicare and Medicaid? Yes No

Have you been convicted of a criminal offense related to the provision of health care items or services and have not been reinstated in the federal health care programs? Yes No

Have you ever been convicted of a misdemeanor (other than a traffic violation)? Yes No
A felony: Yes No

If yes, explain and give date of conviction? _____

(Conviction will not be an absolute bar to employment except as requested by law.)

Have you ever been discharged from employment? Yes No

Have you ever been discharged from employment due to abuse of residents or clients?
 Yes No If yes, explain: _____

Do you have a history of or conviction for a violent crime? Yes No

If yes, explain: _____

How did you learn about UBCSS? _____

Who referred you? _____

Why are you interested in working for UBCSS? _____

After reviewing the functions of the position you are applying for, do you have the ability to perform the essential functions of the position in a reasonable manner? Yes No

Note to applicant: Do not answer this question unless you have been informed about the requirements of the position.

Educational Data

<i>Name & Address of Sr. High, College, University, Graduate School & Post Graduate School</i>	<i>No. of years attended</i>	<i>Major</i>	<i>Degree</i>	<i>Date Conferred</i>
High School				X

Subject Matter of Thesis and/or Dissertation: _____

Fellowships (if teaching fellowships, name course taught; if research, name area of study)

<i>Field of Study</i>	<i>University</i>	<i>From Month/Year</i>	<i>To Month/Year.</i>	<i>Supervisor</i>

Internship/Residency/Practicum

<i>Agency: Public-Private, Clinic, Hospital, School</i>	<i>From Month/Year</i>	<i>To Month/Year.</i>	<i>Responsibilities</i>	<i>Supervisor</i>

Friends or Relatives Employed by UBCSS (including relatives by marriage)

<i>Name</i>	<i>Location</i>	<i>Relationship</i>

Do you have any plans for continuing your education or training? If so, what are your plans?

Describe any education, training, or specialized equipment knowledge you have received which would be applicable for work with UBCSS.

APPLICANTS CERTIFICATION AND AGREEMENT

It is unlawful in Maryland to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law is subjected to criminal penalties and civil liabilities. I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements shall be considered cause for dismissal. I further understand that during my orientation period, my employment and compensation can be terminated, with or without cause and without notice at anytime, and that following my orientation period my employment and compensation can be terminated at anytime, with or without notice, for any reason deemed sufficient by Upper Bay Counseling & Support Services, Inc. (UBCSS). In addition, I agree during my employment with UBCSS I will report to the Corporate Compliance Office if I am charged, excluded, suspended, debarred, or otherwise ineligible to participate in the federal health care programs, including Medicare and Medicaid. I understand that if charged with violation or otherwise found ineligible to participate in federal health program that I will be removed from employment with UBCSS and may not reapply until the resolution of such charges, criminal action, suspension, or proposed exclusion. By accepting employment I agree to these conditions.

I realize that I may undergo an investigation before or at any time of employment as per state law, conducted by the appropriate state and federal agencies. If I am involved in direct care, this investigation must be completed before I begin employment.

I understand that a drug test may be required at UBCSS after being offered employment, but before being employed and employment is contingent upon the satisfactory results of said test. I hereby authorize UBCSS to investigate all information pertinent to my application for employment. I understand that any offer of employment may be rescinded if my references are inadequate or unacceptable to UBCSS in its absolute and sole discretion. I understand that if hired, my employment at UBCSS is temporary and contingent upon the receipt of acceptable results from my criminal background checks so that I am eligible to participate in the federal health care programs, including Medicare and Medicaid. Again, I am aware that employment is contingent upon the satisfactory results of reference checks and other background checks.

Signature
Date

(If accepted for employment, you must furnish documentation of proof of identity and authorization to work in the United States within 72 hours of hire.)