



## **DIVINE HERITAGE INC.**

**9317 Owings Choice court, Owings Mills MD 21117**

**Tel: (443) 898-2660 Fax: (443) 858-5288**

(All information on this application is confidential. Please print all information clearly)

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Date \_\_\_\_\_

### **Documents required with this application (All)**

### **Check if attached**

- |  |            |
|--|------------|
| <b>1. Thoroughly completed employment application</b>                            | <b>( )</b> |
| <b>2. Current Professional License (Signed), if any</b>                          | <b>( )</b> |
| <b>3. Current CPR card/First Aid (Signed)</b>                                    | <b>( )</b> |
| <b>4. PPD/Chest X-Ray /Medical</b>   | <b>( )</b> |
| <b>5. Employment Eligibility Verification (Form I-9)</b>                         | <b>( )</b> |
| <b>6. Two employment reference (phone # included)</b>                            | <b>( )</b> |
| <b>7. Three Character reference (phone # included)</b>                           | <b>( )</b> |
| <b>8. Driver's License/ State Issue ID card (Signed)</b>                         | <b>( )</b> |
| <b>9. Copy of Social Security Card (Bring original signed copy to interview)</b> | <b>( )</b> |
| <b>10. Two years of experience working in the field</b>                          | <b>( )</b> |
| <b>11. Background Check (a must) (CJIS Authorization # 1700005005)</b>           | <b>( )</b> |
| <b>12. Any other information you have for employment</b>                         | <b>( )</b> |

**If you do not have all the documents above, please tell us when it will be available:**



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Tel: 4438982660, 4438585288

## **APPLICATION FOR EMPLOYMENT**

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position.**

### **INSTRUCTIONS TO APPLICATION**

- A. Please fully and accurately complete the Application for Employment. Incomplete applications will not be considered. This company will use the information given in the application to verify your previous employment and background.**
- B. The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.**
- C. Resume will not be accepted in lieu of completed applications, but will be considered supplemental information.**
- D. If you are hired, proof of eligibility will be required to verify your lawful right to work in the United States. (Form I - 9 Work Eligibility)**



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**EMPLOYMENT APPLICATION**

Date Received: \_\_\_\_\_

<b>Personal Information</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Today's Date</b>
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____Yes ____No			
<b>Title of Position Applying For</b>			<b>Date Available to Work</b>
Have you been previously interviewed or employed by DHI.? ____Yes ____No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for DHI ____Yes ____No If Yes, list names and relationship to you:			
Are you employed now? _____ If so, may we contact your present employer? _____			

<b>Education</b>				
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma	
High School				
College				
Graduate School				
Technical or Certificate Programs				

**Employment History**

Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use “see attached resume”.)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay    Start:                      Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay    Start:                      Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay    Start:                      Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

<b>References</b> Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Please indicate whether you hold the following valid drivers licenses:

Class A \_\_\_\_\_ Class B \_\_\_\_\_ Class C \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

### Election of Veteran's Preference

Do you wish to claim a veteran's preference?      ☐ Yes      ☐ No

If so please check the preference you are claiming.

☐ Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

☐ Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

☐ Spouse of deceased veteran.

☐ Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

Divine Heritage Inc. is an Equal Opportunity Employer. It is the policy of the Divine Heritage Inc not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

\*\*\*\*\*

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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### **CONFIDENTIALITY AGREEMENT**

All information given to the or obtained from clients during my during my period of employment with Devine Heritage Inc. shall be used only for treatment and administration of the program. If the release of information is required by Federal Law or in reference to legal investigation or court order, **PATIENT'S WRITTEN CONSENT** must be obtained.

#### **Responsibility:**

1. The Program administrator for Devine Heritage Inc. shall be responsible for development and monitoring this policy.
2. The Program administrator shall be responsible for management and implementations of program operations consistent with assigned responsibilities

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Administrator

\_\_\_\_\_  
Date