

Call:  
 1  
 2  
 3  
 Appt. Scheduled: \_\_\_\_\_

2330 WEST JOPPA ROAD      FOXLEIGH BUILDING, SUITE 395      LUTHERVILLE, MD 21093      410-583-2950      FAX: 410-847-3659

**EMPLOYMENT APPLICATION**

INTRASTAFF is an equal opportunity employer, and does not discriminate on the basis of race, color, creed, sex, religion, marital status, national origin, sexual orientation, age, disability, or veteran status.

THIS APPLICATION WILL REMAIN ACTIVE FOR THREE MONTHS FROM DATE OF RECEIPT. IF YOU HAVE NOT BEEN HIRED WITHIN THREE MONTHS OF THAT DATE, AND WISH TO REMAIN IN CONSIDERATION FOR EMPLOYMENT, YOU MUST REAPPLY.

NAME – FIRST/MIDDLE/LAST		SOCIAL SECURITY NUMBER	MAIDEN NAME
ADDRESS – STREET / P.O. BOX / APT. #			TELEPHONE
ADDRESS – CITY / STATE / ZIP			EMAIL
IN EMERGENCY NOTIFY (WHO) – NAME		RELATIONSHIP	TELEPHONE
POSITION FOR WHICH APPLYING		REFERRED BY: <input type="checkbox"/> AD <input type="checkbox"/> INTRASTAFF EMPLOYEE _____ <input type="checkbox"/> OPEN HOUSE <input type="checkbox"/> OTHER	
DATE AVAILABLE	SALARY DESIRED	HOURS AND DAYS PREFERRED	

EDUCATION	SCHOOL NAME AND LOCATION	DATES		MAJOR	MINOR	ACADEMIC STANDING	DIPLOMA/ DEGREE
		FROM	TO				
GRADE SCHOOL / H.S. OR EQUIVALENT							
COLLEGE OR UNIVERSITY							
CERTIFICATION/LICENSURE/ OTHER DEGREE	STATE	NUMBER				EXPIRATION DATE	

ONLY CHECK IF YOU HAVE EVER WORKED FOR OR ARE CURRENTLY EMPLOYED BY:

	Previously	Currently		Previously	Currently
Intrastaff/Broadway Medical Mgmt Corp.	<input type="checkbox"/>	<input type="checkbox"/>	Johns Hopkins Community Physicians	<input type="checkbox"/>	<input type="checkbox"/>
The Johns Hopkins Health System Corp.	<input type="checkbox"/>	<input type="checkbox"/>	Howard County General Hospital	<input type="checkbox"/>	<input type="checkbox"/>
The Johns Hopkins Hospital	<input type="checkbox"/>	<input type="checkbox"/>	The Johns Hopkins University	<input type="checkbox"/>	<input type="checkbox"/>
Johns Hopkins Bayview Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	Broadway Services, Inc.	<input type="checkbox"/>	<input type="checkbox"/>
Johns Hopkins Home Care Group and/or its subsidiaries	<input type="checkbox"/>	<input type="checkbox"/>	Sinai Hospital	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been convicted (found guilty) of a crime? Are there any criminal charges awaiting to be heard by a court of law?

Include Probation Before Judgment, but do not list any criminal charge for which the records have been expunged. Intrastaff reserves the right to find an applicant ineligible for hire should it be found that the applicant falsified their application by withholding pertinent information. A criminal offense will not necessarily bar employment. Factors such as: the passage of time since the offense, the nature of the violation, and the extent of rehabilitation will be taken into account in determining the job-relatedness of the offense. If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and any information pertaining to rehabilitation:

↑ YES  
↑ NO

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Have you ever been convicted (found guilty) of a crime involving, or excluded from participating as a service provider or contractor in, the Medicare or Medicaid program?       YES  
 NO

Under Maryland law, an employer may not require or demand any applicant for employment or prospective employment, or any employee, to 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 is subject to a fine not to exceed \$100.00.

My signature below acknowledges receipt of this notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMPLOYMENT RECORD: Please describe below all positions you have held, BEGINNING WITH THE MOST RECENT. Include Johns Hopkins employment and military service. Explain major periods of time (6 months or longer) unemployed. Use the back of this application for additional employment.**

FROM	EMPLOYER	DEPARTMENT	SUPERVISOR'S NAME
TO	ADDRESS	REASON FOR LEAVING	SUPERVISOR'S PHONE
SALARY	POSITION AND DESCRIPTION OF DUTIES		
FROM	EMPLOYER	DEPARTMENT	SUPERVISOR'S NAME
TO	ADDRESS	REASON FOR LEAVING	SUPERVISOR'S PHONE
SALARY	POSITION AND DESCRIPTION OF DUTIES		
FROM	EMPLOYER	DEPARTMENT	SUPERVISOR'S NAME
TO	ADDRESS	REASON FOR LEAVING	SUPERVISOR'S PHONE
SALARY	POSITION AND DESCRIPTION OF DUTIES		
FROM	EMPLOYER	DEPARTMENT	SUPERVISOR'S NAME
TO	ADDRESS	REASON FOR LEAVING	SUPERVISOR'S PHONE
SALARY	POSITION AND DESCRIPTION OF DUTIES		
FROM	EMPLOYER	DEPARTMENT	SUPERVISOR'S NAME
TO	ADDRESS	REASON FOR LEAVING	SUPERVISOR'S PHONE
SALARY	POSITION AND DESCRIPTION OF DUTIES		

BY MY SIGNATURE BELOW, I AGREE TO THE FOLLOWING:

- a) I understand that any employment I might be offered by Intrastaff is "at-will" and of indefinite duration, and that either the employer or I can terminate that employment at any time for any reason. I further understand that this position is temporary, and is not guaranteed.
- b) The U.S. Immigration and Naturalization Service requires that all individuals offered employment present the necessary documents to establish proof of identity and employment eligibility. These documents must be presented prior to, and no later than, the beginning date of employment. Failure to comply with this law can result in the postponement of employment or termination if employment has already begun.
- c) The Johns Hopkins Health System and Affiliates are "smoke-free" workplaces. All employees and other designated persons will not be permitted to smoke on the employer's grounds, as defined in the non-smoking policies and rules.
- d) During the course of my employment, I understand that I may come in contact with patient information, employee information, or information regarding business operations. I understand that such information is confidential, and is not to be revealed to anyone unless it is directly related to my duties and authorized by employer policies.
- e) I agree to take a medical screening at the employer's expense if required by the employer before or following employment, which may include toxicology screening (drug testing). Employment is contingent upon successful completion of this screening process.
- f) I authorize Intrastaff to make any investigations on my previous employment record, education, licensure, criminal background check, or any source necessary to verify information on this application. I agree to cooperate with such checks, and I release from liability all persons and corporations requesting or providing such information.
- g) May we contact your present employer before or after a job offer is made?     Before     After
- h) I certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered cause for dismissal.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERVIEWED BY

\_\_\_\_\_  
DATE

## SEX, RACE, AND ETHNIC IDENTIFICATION

The federal government requires that an employer maintain records on the sex, race, and ethnic group of its applicants. See Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. ¶¶ 1607 *et. seq.*, C.F.R. ¶¶ 60-3.1 *et. seq.* (1978). In order to comply with these requirements, Intrastaff must ask that you supply the information sought below. The information is for record keeping purposes *only* and *will not in any way affect any employment decisions*. This questionnaire will be kept separately from your application.

**Position applied for** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Race** \_\_\_\_\_

### Ethnic Group (check if you are a member of the Ethnic Group)

- White, not of Hispanic Origin
- Black or African American, not of Hispanic Origin
- Native Hawaiian or Other Pacific Islander
- Asian
- Hispanic or Latino
- Native American Indian or Alaskan Native
- Two or more races

Can you submit verification that you are legally eligible to work in the United States?  Yes  No

If you will be employed on a visa, please specify type of work visa: \_\_\_\_\_

## INVITATION TO DISABLED PERSONS AND VETERANS OF THE VIETNAM ERA

You are invited to complete the following information if you consider yourself to be a disabled individual, a disabled veteran, or a veteran of the Vietnam era (served on active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975). Submission of this information is voluntary and a refusal to provide it will not prevent you from being considered for employment or subject you to discharge or disciplinary treatment.

This information will be kept confidential and is collected for preparation of an Affirmative Action Program. Your signature to this form constitutes your agreement to permit the release of this information to government officials investigating compliance with the Rehabilitation Act of 1973, or the Vietnam Era Veterans' Readjustment Assistance Act of 1974.

### I CLAIM STATUS AS:

- Disabled Individual
- Disabled Veteran
- Vietnam Era Veteran

### Type of Disability:

- Ambulatory
- Sight
- Hearing
- Coordination
- Speech
- Learning
- Mental/Psychological
- Other: \_\_\_\_\_

I certify that, to the best of my knowledge, the above-stated information is correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE