

SHURA, INC.

"Providing Mental Health Services to the Community"

Corporate Office
116 Slade Avenue
Pikesville, MD 21208
Main 443-660-7664 Fax 410-413-6940

Eastern Shore Office
130 East Main Street 1ST Floor
Salisbury, MD 21801
Main 443-944-8297 Fax 443-944-8273

ALL APPLICANTS MUST BE AT LEAST 21 YEARS OF AGE AND POSSES A HIGH SCHOOL DIPLOMA OR GED TO APPLY.

***PLEASE PRINT* APPLICATION MUST BE COMPLETED IN ITS ENTIRETY FOR PROCESSING.**

SHURA is an equal opportunity employer. This form has been revised to comply with the provisions of the AMERICANS WITH DISABILITIES ACT and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

EMPLOYMENT DESIRED Location: Baltimore Area Eastern Shore Area **TODAY'S DATE** _____

POSITION APPLYING FOR: _____

DATE YOU CAN START: _____

HOURLY RATE DESIRED: _____

(MUST GIVE DESIRED HOURLY RATE/SALARY)

Are you available to work: _____ FULL-TIME _____ PART-TIME _____ TEMPORARY
Can you work: _____ DAY SHIFT _____ PEEK SHIFT _____ AWAKE OVERNIGHT
(7am-3pm) (3pm-11pm) (11pm-7am/9am)
How did you hear about us? _____ Advertisement _____ Friend/Relative
_____ Walk-In _____ Employee – Who? _____

PERSONAL INFORMATION

NAME:

LAST FIRST MIDDLE Social Security #

PRESENT ADDRESS:

STREET ADDRESS CITY STATE ZIP CODE

CONTACT PHONE NUMBERS:

HOME NUMBER MOBILE NUMBER OTHER CONTACT NUMBER

Have you ever been convicted of a crime? YES _____ NO _____
(Conviction will not necessarily disqualify an applicant from employment)
If yes, when? Please explain. _____

Have you ever been arrested for a crime?
If yes, when? Please explain. _____

Have you ever filed an application with SHURA before? YES _____ NO _____
If yes, give date. _____

Have you ever been employed by SHURA, Inc.? YES _____ NO _____
If yes, when. _____

Have you ever volunteered or been employed in this or a related field? YES _____ NO _____

Are you currently employed? YES _____ NO _____

May we contact your present/past employer? YES _____ NO _____
If NO, Why? _____

Do you have a valid Driver's license? YES _____ NO _____

Country because of VISA or IMMIGRATION STATUS or any other reason? YES _____ NO _____

If yes, please explain: _____
(Proof of citizenship or immigration status will be required upon employment)

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EDUCATION:

High School:

Name and State	Course of Study	Years Completed	Graduate?
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College:

Name and State	Course of Study	Years Completed	Graduate?
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OTHER:

Name and State	Course of Study	Years Completed	Graduate?
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Do you have current: CPR _____ FIRST AID _____ DHMH MEDICATION ADMINISTRATION TRAINING _____

****Per DDA, COMAR and SHURA policy, all Mandatory Training must be completed within 90 days of hire.**

Training is an ongoing process. Failure to comply will result in termination.**

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer	Address/State	Phone Number
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Job Title	Supervisor	Salary/Hourly Rate
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Start Date	Last Date Worked	Reason for Leaving
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Brief Description of Duties

2.

Employer	Address/State	Phone Number
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Job Title	Supervisor	Salary/Hourly Rate
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Start Date	Last Date Worked	Reason for Leaving
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Brief Description of Duties

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3.

Employer	Address/State	Phone Number
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Job Title	Supervisor	Salary/Hourly Rate
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Start Date	Last Date Worked	Reason for Leaving
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Briefed Description of Duties

References:

Give the names of three persons not related to you, who you have known at least three years.

	<u>Name</u>	<u>Phone Number</u>	<u>City/State</u>	<u>Business</u>	<u>Years Acquainted</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

In case of an emergency notify:

Name	Relationship	Address	Phone Number
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APPLICANT'S STATEMENT

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time in consideration of my employment. I agree to conform to Shura's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at either my or Shura's option.

I understand that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at any time, for any reason, by me or by Shura without notice or without liability whatsoever, except for unpaid wages or salary earned by date of termination. I further understand that only the Human Resources Director, the CEO or COO of Shura has the authority to enter into any agreement for employment. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause or notice, at any time by Shura. I hereby affirm that by submitting this application I agree to submit to medical examination, including test for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by Shura and as often as directed during employment. This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should reapply and inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. I understand the probationary period is six months.

Signature of Applicant	Date
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