

15. EDUCATION

High School Location	Dates of Attendance	Last Grade Completed	Graduation Date
1.			
2.			

College/University and Location (include all attended)	Dates of Attendance	Major/Minor Field(s) of Study	Degree	Conferral Date
1.				
2.				
3.				
4.				
5.				

If your credentials are under another name, it is the applicant's responsibility to assure that all credentials, references, and transcripts are received by SPC under the stated last name on the application for employment.

State*	License or Certificate Type	Date Issued	Date Expired	Field(s)
1.				
2.				

*Please indicate if you have ever held a Maryland Certificate, valid or expired.

16. PRACTICUM OR INTERNSHIP EXPERIENCE

School	Internship or Practicum	Telephone Number	Location	Semester Hours	Dates
1.					
2.					
3.					

17. REFERENCES: List the names of the persons in the supervisory capacity who know of your area of expected employment. Applicants must submit references from previous employers. Give names of most recent supervisors and college Professors. College placement credentials will be accepted in addition to the required SPC references form your most recent supervisor if your most recent work experience was in a business setting.

Name	Official Position	Present Address	Telephone Number
1.			
2.			
3.			

18. ADDITIONAL COMMENTS: List professional, trade, business or civic activities and offices held, and any special skills. You may exclude memberships which reveal sex, race, religion, national origin, ancestry, or other protected status.

19. MILITARY EXPERIENCE: (Copy of DD 214 must be submitted for verification.)

Active Duty Dates from ___/___/___ to ___/___/___ Branch of Service _____

Duties _____

20. EMPLOYMENT EXPERIENCE: List all employment (except U.S. Armed Forces) in chronological order, with present employment first. ANY VOIDS IN THE CHRONOLOGICAL ORDER MUST BE EXPLAINED ON A SEPARATE ATTACHMENT. Practicums or internships should be clearly labeled.

PRESENT EMPLOYMENT – Dates from ___/___/___ **to** ___/___/___

Name and Address of School or Employer _____

Position Held _____ Duties _____

Name of Supervisor _____ Telephone Number (____) _____

Salary or Hourly Wage _____ Reason for Leaving _____

Did you receive any disciplinary action? No Yes If “Yes” explain _____

NEXT MOST RECENT EMPLOYMENT – Dates from ___/___/___ **to** ___/___/___

Name and Address of School or Employer _____

Position Held _____ Duties _____

Name of Supervisor _____ Telephone Number (____) _____

Salary or Hourly Wage _____ Reason for Leaving _____

Did you receive any disciplinary action? No Yes If “Yes” explain _____

NEXT MOST RECENT EMPLOYMENT – Dates from ___/___/___ **to** ___/___/___

Name and Address of School or Employer _____

Position Held _____ Duties _____

Name of Supervisor _____ Telephone Number (____) _____

Salary or Hourly Wage _____ Reason for Leaving _____

Did you receive any disciplinary action? No Yes If “Yes” explain _____

NEXT MOST RECENT EMPLOYMENT – Dates from ___/___/___ **to** ___/___/___

Name and Address of School or Employer _____

Position Held _____ Duties _____

Name of Supervisor _____ Telephone Number (____) _____

Salary or Hourly Wage _____ Reason for Leaving _____

Did you receive any disciplinary action? No Yes If “Yes” explain _____

CONDITIONS OF LICENSING AS A TREATMENT FOSTER PARENT

READ CAREFULLY BEFORE SIGNING

This application will not be considered complete until receipt of references and, other pertinent documents, and, if applicable, college credentials. It is the responsibility of the applicant to request and authorize release of references, or credentials unless otherwise instructed. **Please indicate if any references or credentials would be listed under another name.**

This application and all required documents will become the property of SHERIDAN PATTERSON upon receipt by the Department of Personnel Services.

STATEMENT ON DRUG ABUSE: All employees of Sheridan Patterson Center are expected to convey by their actions, deeds, and teachings that they do not in any way encourage or condone drug abuse. Any proven illegal action relating to drugs by any SPC employee or intern continues to be grounds for immediate dismissal.

DRUG-FREE WORKPLACE PROVISION: I understand and acknowledge the SHERIDAN PATTERSON CENTER has written policy providing for a drug-free workplace. I agree that, if I am employed, I will abide by the terms of the policy and all SPC policies regarding drugs and their use. I further agree that I will notify the Department of Personnel Services of my criminal drug conviction or violation occurring in the workplace no later than five (5) days after such conviction.

APPLICANT POPULATION RECORD: IS OPTIONAL, AND VOLUNTARY INFORMATION. SPC wishes to maintain records concerning their applicant populations. Please complete SPC Form, Applicant Population Record. This information will not be used, in any way, for making employment decisions. It is for record keeping only.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR GENERAL SERVICE, 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, SERVICE, 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.

Signature, Applicant _____ **Date** ____/____/____

THE SHERIDAN PATTERSON CENTER IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, SEX, COLOR, RELIGION, AGE NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, OR MARITAL STATUS, IN ACCORDANCE WITH APPLICABLE LAWS. IF YOU BELIEVE THAT ANY OF THE FACTORS ABOVE HAVE ENTERED INTO THE CONSIDERATION OF YOUR APPLICATION FOR SERVICE OR EMPLOYMENT, PLEASE CONTACT THE SPC PERSONNEL OFFICE

The information submitted on this application is accurate to the best of my knowledge. I concur with the above statement and requirements. I understand that falsification of any information submitted on this application shall be cause for dismissal from service. The Department of Personnel Services has my permission to contact all past and present employers. I certify that I have read the above statements, understand their meanings and implications, and will comply if employed.

Signature, Applicant _____ **Date** ____/____/____