



**Dominion Residence Of Maryland, Inc.**  
*Serving adults with intellectual & other developmental disabilities*

**4355 Nicole Drive  
Lanham, MD 20706  
Tel: 301-306-2020 Fax: 301-306-2022**

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Dear Applicant:

Thank you for your interest in employment with Dominion Residence of Maryland, Inc. We are committed to providing quality and unparalleled expertise in the special needs of our residents. Our employees are empowered and discover that the pursuit of excellence is truly a rewarding aspect of your career with the agency. As an employee, you must “own” the results of your contributions.

If you are looking for a position to contribute to the lives of others and fulfilling career, please fill out the attached application.

The following information is required to process your application (must provide a copy of each document):

- Your valid/current driver’s license
- Two forms of valid ID for the I-9 form (once offer of employment is made)
- Training certification such as: CPR, first aid, medication administration, abuse and neglect, community integration, bloodborne pathogens, BPS training, seizure training or diabetes training.

If you do not have any of the above certifications, please indicate this on the application on page 3.

We will check 2-3 professional references as part of the employment process.

If selected for the position, we look forward to having you join our team.

Sincerely,  
Dr. Thomas Bechem  
Executive Director

## EMPLOYMENT APPLICATION

Dominion Residence of Maryland, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Dominion Residence of Maryland, Inc., provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

### **PLEASE PRINT**

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

What hours or shift are you available to work? \_\_\_\_\_

What date are you available to start? \_\_\_\_\_

### **PERSONAL INFORMATION**

Have you ever ***applied to or worked*** for Dominion Residence of Maryland, Inc. before?  Yes  No

If yes, when?

Do you have any friends, relatives, or acquaintances working for Dominion Residence of Maryland, Inc.

Yes  No If yes, state name & relationship:

Are you 18 years of age or older?  Yes  No

Are you legally eligible to work in the United States?  Y or  N

Do you have any condition which would require a job accommodation?  Yes  No

If yes, please describe accommodation required below.

**EDUCATION/TRAINING/CERTIFICATIONS**

**High School**

Name	Location (City, State)	Degree Earned

**College/University**

Name	Location (City, State)	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Degree Earned

**Certifications: I do not have any prior job related certification/training. (circle this if you do not have any.)**

Certification/Training	Current?	
CPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abuse and Neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Integration	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Bloodborne Pathogens	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BPS Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizure Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**EMPLOYMENT HISTORY**

<b>Employer Name:</b>	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	

May we contact? \_\_\_\_\_

<b>Employer Name:</b>	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	

Employer Telephone:	
Dates Employed:	
Reason for leaving:	

May we contact? \_\_\_\_\_

<b>Employer Name:</b>	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	

May we contact? \_\_\_\_\_

## REFERENCES

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

<b>Reference Name</b>	<b>Title &amp; Phone Number</b>	<b>Company</b>

## APPLICATION QUESTIONNAIRE

Please answer the questions below as thoroughly and accurately as possible. There are no right or wrong answers. These questions will assist Dominion Residence of Maryland, Inc. in reviewing your application and help to determine which position in which you would be best qualified.

1. Which supervisor have you found easiest to work with and which have been the most difficult?
  
  
  
  
  
  
  
  
  
  
2. What did you like the most and least about your previous job?
  
  
  
  
  
  
  
  
  
  
3. Describe a work-related problem you had to face recently. What did you do to deal with it?
  
  
  
  
  
  
  
  
  
  
4. Give an example of a time you found it necessary to make an exception to the rule in order to get something done.
  
  
  
  
  
  
  
  
  
  
5. Describe a time when you had to gain the cooperation of a group over which you had little or no authority. What did you do?

6. Have you ever had trouble learning a new method or procedure? How did you deal with the situation? What was the outcome?

**SIGNATURE DISCLAIMER**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds to not be hired, or for termination should I be hired.

I authorize any person, organization or company listed on this application to furnish Dominion Residence of Maryland, Inc. any and all information concerning my previous employment, education and qualifications for employment.

I also acknowledge that any offer or acceptance of employment may be withdrawn, at any time, with or without cause, and with or without prior notice at the option of Dominion Residence of Maryland, Inc. or myself.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

**REFERENCES & BACKGROUND/DRIVING CHECK AUTHORIZATION**

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years AND a driver's license check/report.

I hereby authorize Dominion Residence of Maryland, Inc. to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist Dominion Residence in collecting this information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for Dominion Residence employees and residents.

Position(s) Applied for: \_\_\_\_\_

Please print (for identification purposes):

Full Legal Name: \_\_\_\_\_

First

Middle

Last

Other Names You Have Used in Past Seven Years: \_\_\_\_\_

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

Previous Address (most recent): \_\_\_\_\_

Addresses in the 7 years prior to completing this authorization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_

State of Driver's License \_\_\_\_\_

Have you ever been convicted of a criminal \*offense or have any pending criminal\* charges against you?

\*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_