EMPLOYMENT APPLICATION

Direct Support Professional (DSP) • Certified Medication Technician (CMT) • LPN / RN • Office Staff

Licensed by the Maryland Developmental Disabilities Administration • Eastern Shore, Southern and Central Maryland

Pay and benefits

DSP pay starts at $20/hour, based on experience, plus a $1.50/hour weekend differential and overtime.
Paid time off • Retirement savings plan • Health insurance starting January 2027
We pay for your training: CMT, First Aid, CPR, MANDT and the DDA training package.
We pay for your background check and onboarding. We promote from within.
Nursing and office positions: pay is stated in each job posting or at your interview.

How to apply

1. Fill in this form on your computer (or print it and complete it by hand), then sign Sections 4 and 5.
2. Email it with your résumé to Stephanie.Murray@shorecsi.com, or drop it off at our office:
29520 Canvasback Drive, Suite 100, Easton, MD 21601 (Monday to Friday, 9 am to 5 pm).
3. We will call you to schedule an interview. Questions? Call (410) 690-7786.

Shore Community Services, Inc. is an equal opportunity employer. We consider all applicants without regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, sexual orientation, gender identity, disability, genetic information, military status or any other class protected by law. We never ask about salary history.

FOR OFFICE USE ONLY

Position applied for	Date received	Received by	Interview date

Section 1 — What to bring to your interview

No one begins work with the people we support until every item below is complete and in the personnel file. Bring copies of the documents you have; we will help you get the training you don't have yet.

- ☐ State-issued photo ID and Social Security card
- ☐ Work authorization (if applicable)
- ☐ High school diploma or GED
- ☐ CPR and First Aid certification (if current)
- ☐ Physical examination within the last 12 months and PPD (TB) test or chest X-ray
- ☐ Driver's license, driving record and auto insurance (if you will drive)
- ☐ Board of Nursing certificate or license (CMT, LPN, RN)
- ☐ Training certificates you already hold (DDA courses, MANDT, MTTP, HIPAA, bloodborne pathogens)

After a conditional job offer, you will complete: Form I-9, W-4 and Maryland MW507, direct deposit and emergency contact forms, a fingerprint criminal history check (Maryland CJIS), exclusion screening, a pre-employment drug screen, and the HIPAA, abuse-reporting and policy acknowledgments.

Section 2 — Employment application

Please answer every question. Write N/A where a question does not apply.

Personal information

Last name _____ First name _____ Middle initial _____

Street address _____ Apt # _____

City _____ State _____ ZIP code _____

Cell phone _____ Other phone _____ Email _____

Other names used (for background check only) _____ How did you hear about us / referred by _____

Position

Position applied for: ☐ DSP ☐ CMT ☐ LPN ☐ RN ☐ Lead Supervisor ☐ Office / Administrative ☐ Other

Employment desired: ☐ Full-time ☐ Part-time ☐ PRN / Relief

Date you can start _____ If you checked Other, which position? _____

General questions

Are you 18 years of age or older?	☐ Yes	☐ No
Are you legally authorized to work in the United States? (Proof will be required after an offer.)	☐ Yes	☐ No
Are you currently employed? If so, may we contact your present employer? (Answer below if needed.)	☐ Yes	☐ No
Have you worked for Shore Community Services, Inc. before?	☐ Yes	☐ No

Have you worked for another Maryland DDA-licensed provider? (Name it in the box below.)	☐ Yes	☐ No
Do you have a valid driver's license and reliable transportation?	☐ Yes	☐ No
Do you hold a current CPR / First Aid certification?	☐ Yes	☐ No
Do you hold a current Maryland Board of Nursing certification or license (CMT, LPN, RN)?	☐ Yes	☐ No
Have you completed Maryland DDA-required training (e.g., PORII, MANDT, MTTP, Person-Centered Planning)?	☐ Yes	☐ No
Can you perform the essential functions of the job, with or without a reasonable accommodation?	☐ Yes	☐ No
Have you ever been named as the responsible party in a substantiated finding of abuse, neglect or exploitation by any state agency, or been excluded from Medicare or Medicaid?	☐ Yes	☐ No
Have you ever been convicted of, or pleaded guilty or no contest to, a crime other than a minor traffic violation?	☐ Yes	☐ No

A conviction does not automatically disqualify you. Because we serve vulnerable adults, Maryland law requires a criminal history check; we consider the nature of the offense, how long ago it occurred and its relationship to the job.

Details for any answer above (prior DDA provider name, license type and number, explanation of a Yes to the last two questions)

Education

Type of school	Name and location	Dates / completed?	Diploma, degree or major
High school / GED			
College / university			
Nursing or trade school			
Other / certifications			

Employment history

Start with your most recent job and account for the last seven years, including any gaps. Attach a résumé if you wish, but please complete this section anyway.

Employer 1

Employer name | Telephone | Job title

Address | Supervisor name and title | Dates employed (from – to)

Duties performed | Reason for leaving

May we contact this employer? ☐ Yes ☐ No

Employer 2

Employer name | Telephone | Job title

Address | Supervisor name and title | Dates employed (from – to)

Duties performed | Reason for leaving

May we contact this employer? ☐ Yes ☐ No

Employer 3

Employer name | Telephone | Job title

Address | Supervisor name and title | Dates employed (from – to)

Duties performed | Reason for leaving

May we contact this employer? ☐ Yes ☐ No

References

List two work references (a supervisor or someone who saw your work) and one character reference who is not a relative.

#	Name	Telephone / email	Relationship	Years known
1			Work	
2			Work	
3			Character	

Section 3 — Availability and experience

Our homes are staffed 24 hours a day, every day of the year. Please tell us honestly when you can work so we can build a schedule that holds.

Shifts: ☐ Day (7a–3p) ☐ Evening (3p–11p) ☐ Awake overnight (11p–7a) ☐ Any shift

Days: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

Willing to work: ☐ Weekends ☐ Holidays ☐ Approved overtime ☐ At more than one home

Maximum hours per week you want | Other jobs you hold and their hours

Experience

Experience	Years	Setting / employer
Supporting adults with intellectual or developmental disabilities		
Group home / residential services		
Medication administration (CMT)		
Behavioral supports / crisis intervention (MANDT or similar)		
Personal care, lifting and transfers		
Nursing (LPN/RN): delegation, care plans, 45-day reviews		
Documentation in electronic records (LTSSMaryland, Therap or similar)		

In your own words

Why do you want to work with people with developmental disabilities, and what do you bring to this work?

Section 4 — Applicant certification and Maryland polygraph notice

I certify that the information in this application is true and complete to the best of my knowledge. I understand that any false statement, misrepresentation or omission may disqualify me from employment or, if discovered after hire, result in termination.

I understand that any offer of employment is conditioned on satisfactory results of a criminal history check, reference checks, exclusion screening, a drug screen, verification of my identity and work authorization, verification of my licenses and certifications, and completion of required DDA training.

I understand that employment with Shore Community Services, Inc. is at will. Either I or the company may end the employment relationship at any time, with or without cause or notice, as long as the reason is lawful. No one other than the CEO, in a signed written agreement, may change my at-will status.

I understand this application will be kept on file for one year and does not obligate the company to hire me.

Maryland polygraph notice (Md. Code, Lab. & Empl. § 3-702)

Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding $100.

Applicant signature (type your full name to sign electronically, or sign by hand) | Date

Applicant signature acknowledging the polygraph notice | Date

Section 5 — Reference and employment verification release

I authorize Shore Community Services, Inc. to contact each employer, school, licensing board, reference and person named in this application, and I authorize each of them to answer all questions asked and to provide any information concerning my employment, education, licensure and character.

I release Shore Community Services, Inc. and every person or organization providing such information from all liability for providing it in good faith. A photocopy or electronic copy of this release is as valid as the original.

I understand that if I have previously worked for a Maryland DDA-licensed provider, Shore Community Services, Inc. will contact that provider.

Applicant signature | Date

Your Social Security number, date of birth and fingerprint authorization are collected in person after a conditional offer, not on this form. Please do not email them.