



4300 Forbes Blvd., Suite 130

Lanham, MD 20706.

Phone: 443-510-7767

Fax: 410-766-6468

Email: [p.balogun@pbalgroupservices.org](mailto:p.balogun@pbalgroupservices.org)

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Dear Applicant:

Thank you for your interest in employment with PBAL Group Services, Inc. We are committed to providing quality support and services for people with special needs that are referred to us. Our employees will be empowered to promote choices that ensure focus is on the person served at all times. This is the expectation of our management team on our staff in assisting people with their goals and outcomes in life.

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

The following information is required to process your application (must provide the originals of each document to be copied and returned to you):

- Your valid/current driver's license
- Employment Authorization Card (Issued by DHS) Or Permanent Residency Card (Green Card).
- 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,

Patrick Balogun

Program Director



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### EMPLOYMENT APPLICATION

PBAL Group Services, 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. Pbal Group Services, 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.

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 shifts are you available to work?

What date are you available to start?

### PERSONAL INFORMATION

Have you ever **applied to or worked** for Pbal Group Services, Inc. before? Yes No

If yes, when?

Do you have any friends, relatives, or acquaintances working for Pbal Group Services, 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? Yes No



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Do you have any conditions which would require 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	Yes	No
First Aid	Yes	No
Medication Administration	Yes	No
Abuse and Neglect	Yes	No
Community Integration	Yes	No
Bloodborne Pathogens	Yes	No
BPS Training	Yes	No
Seizure Training	Yes	No
Diabetes Training	Yes	No



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**EMPLOYMENT HISTORY**

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

May we contact?

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

May we contact?



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**EMPLOYMENT HISTORY**

Employer Name:	
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 people who have knowledge of your work performance within the last four years.

Please include professional references only.

Reference Name	Title & Phone Number	Company



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### APPLICATION QUESTIONNAIRE

Please answer the questions below as thoroughly and accurately as possible. There are no right or wrong answers. These questions will assist Pbal Group Services, 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 has 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?



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**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 Pbal Group Services, Inc. any and all information concerning my previous employment, education, and qualifications for employment.

I also acknowledge that any offer of and/or acceptance of employment may be withdrawn, at any time, with or without cause, and with or without prior notice at the discretion of Pbal Group Services, Inc., or myself.

Applicant Signature:

Date:

Print Applicant Name:



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**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 Pbal Group Services, 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 Pbal Group 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 Pbal Group 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 Number:

State of Driver's License:

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



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\*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: