



**LITTLE LOVE NOTES, LLC**  
PSYCHIATRIC REHABILITATION PROGRAM

2134 Espey Court, Ste 3  
Crofton, MD 21114  
(443) 292-6760 (Tel)

[Info@littlelovenotesllc.com](mailto:Info@littlelovenotesllc.com)

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## Employment Application

Little Love Notes, LLC 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. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

### Applicant Information

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

### Employment Position

Position(s) Applying for \_\_\_\_\_

How did you hear about this position? What days are you available for work?

\_\_\_\_\_

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

On what date can you start working if you are hired? \_\_\_\_\_

Salary desired:

### Personal Information

Do you have any friends, relatives, or acquaintances working for Little Love Notes, LLC?

If yes, state name & relationship:

\_\_\_\_\_

Are you a U.S. citizen or approved to work in the United States? \_\_\_\_\_



### **Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

*(Note: Little Love Notes, LLC 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. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training)*

### **Education and Training**

#### **High School**

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Name	Location (City, State)	Year Graduated	Degree Earned
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#### **College/University**

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Name	Location (City, State)	Year Graduated	Degree Earned
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#### **Vocational School/Specialized Training**

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Name	Location (City, State)	Year Graduated	Degree Earned
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**Previous Employment**

**Employer Name:**

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:**

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:**

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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**References:**

Please provide 3 personal and professional reference(s) below:

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Reference

Contact Information

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Reference

Contact Information

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Reference

Contact Information

**AT-WILL EMPLOYMENT**

The relationship between you and Little Love Notes, LLC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Little Love Notes, LLC. No representative of Little Love Notes, LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and our CEO.

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Applicant Signature:

Date