

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and in conjunction with applicable law, do not discriminate on the basis of race, color, religion, national origin, sex, age, or physical/mental disability.

NAME: _____ DATE: _____
First *Middle* *Last*

ADDRESS _____
Street *City* *State* *Zip*

PHONE: _____ CELL: _____

Position Applying For _____

Full Time Part-Time Temporary Summer

Salary Requirements _____

Have you ever been convicted of a felony? Yes No

Date available _____

Date of conviction _____

Shift available for work: Day _____ Evening _____ Night _____

If yes please explain _____

Can you work weekends? _____

(Response to this question does not necessarily mean bar to employment)

Can you work holidays? _____

Have you previously been employed by this company? Yes No

Are you a U.S. Citizen? Yes No

When? _____ Managers Name _____

if no, do you have legal authorization to work in the U. S.? _____

Reason for leaving _____

please provide documentation to comply with I-9 regulations.

Referral Source: Advertisement Friend Relative Walk in Employment Agency Other Minority Organization referral

NAME OF SCHOOL	LOCATION	FROM	TO	YEAR GRADUATED	MAJOR/MINOR SUBJECT
High School					
College					
Graduate					
Other					

• If you did not graduate indicate number of credit hours completed.

Scholastic record (GPA) _____

School Activities (athletics, student government, offices, committees, honors, awards, etc.) _____

Estimated Speed WPM: _____ Typing _____ Shorthand _____ Other Adding Machine Yes No

Foreign Languages (List Fluent Only) Read Write Speak _____

Other job related skills or Business Machines Operated _____

Professional Licenses / Certificates _____

PERSONAL REFERENCES (NAME, ADDRESS, PHONE, AND NATURE OF RELATIONSHIP)

1. _____
2. _____
3. _____

U.S. Veteran Yes No Date of service _____ Rank _____

Rank _____ Branch _____ Nature of Duty/ Training _____

Name Of Present/Last Employer	May We Contact Your Present Employer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	From (Mo. / Yr.)	To (Mo. / Yr.)
Reason For Leaving	Starting Salary	Final Salary
Job Title and Duties	Supervisor	Phone
Next Previous Employer	May We Contact Your Employer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	From (Mo. / Yr.)	To (Mo. / Yr.)
Reason For Leaving	Starting Salary	Final Salary
Job Title and Duties	Supervisor	Phone
Next Previous Employer	May We Contact Your Employer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	From (Mo. / Yr.)	To (Mo. / Yr.)
Reason For Leaving	Starting Salary	Final Salary
Job Title and Duties	Supervisor	Phone
Next Previous Employer	May We Contact Your Employer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	From (Mo. / Yr.)	To (Mo. / Yr.)
Reason For Leaving	Starting Salary	Final Salary
Job Title and Duties	Supervisor	Phone

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR 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 EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOUR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00. (I HAVE READ AND UNDERSTOOD THE ABOVE)

Date _____ Signature _____

CERTIFICATE AND AGREEMENT

I hereby affirm that all the statements and answers made in connection with this application are true and correct.

- I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.
- Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for issuing such information. I hereby waive any privilege I have as to such information.
- I authorize an inquiry be made on the information contained in this application if I am considered for employment.
- I understand that employment may be conditioned upon a favorable health evaluation.
- I further understand that it is an application of employment and no contract of employment has been offered.
- I understand that if employed, such an employment is an indefinite period of time and that at any time wages, benefits and conditions can change.
- I authorize deductions from my wages in any amounts, which may be due as a result of overpayment of wages, loss or destruction of property, or any other amounts which I may lawfully owe, or for which I have received full consideration.
- I have read and understand the above.

Date _____ Signature _____