Employment Application Form

PLEASE COMPLETE PAGES 1-3.   DATE _____

Name _____
             Last   First   Middle

Present address _____
             Number   Street   City   State   Zip

How long at current address _____   Social Security No. _____ – _____ – _____

Telephone (___)_____

Are you under age 18 ____YES ____NO, if "YES", can you provide proof of your eligibility to work? ____YES ____N0

Are you currently authorized to work in the United States? ____YES _____NO. Proof of eligibility will be required if hired.

Position applied for (1) _____
and wage desired   (2) _____
(Be specific)

Days/hours available to work
No Pref _____   Thur _____
Mon _____   Fri _____
Tue _____   Sat _____
Wed _____   Sun _____

How many hours can you work weekly? _____

Employment desired   ❑FULL-TIME ONLY   ❑PART-TIME ONLY   ❑TEMPORARY/CONTRACT

When are you available to start work?_____

_____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime?   ❑ No   ❑ Yes   (A Conviction record will not necessarily disqualify you from employment.)

Employee Referral? Name_____

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, OR PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ❑ Yes ❑ No

ARE YOU NOW A MEMBER in the ARMED FORCES? ❑ Yes ❑ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience	Please list your work experience for the beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
	Your last job title		
Reason for leaving (be specific)			

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		From	Start
		To	Final
	Your last job title		
Reason for leaving (be specific)			

May we contact your present employer? ❑ Yes ❑ No

Did you complete this application yourself ❑ Yes ❑ No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation _____ Yes _____ No.

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PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

_____   _____   _____

Applicant Signature   **Print**   **Date**