

# 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 No
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 No
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 No
Address	From (Mo. / Yr.)	To (Mo. / Yr.)
Reason For Leaving	Starting Salary	Final Salary
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Next Previous Employer	May We Contact Your Employer	Yes No
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 MISDEMEANOR 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 \_\_\_\_\_