

Application for Employment

An Equal Opportunity Employer Committed to Workforce Diversity - M/F/Disabled/Veteran/ E-Verify Employer

Position Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minimum Acceptable Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PERSONAL INFORMATION

# Please Print

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

Last First Middle

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

Number Street City State Zip

Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code

Are you 18 years of age or older? □ Yes □ No

Are you able to perform the essential functions of the position with or without accommodations?

□ Yes □ No

Are you authorized to work in the United States? □ Yes □ No

Do you require sponsorship? □ Yes □ No

(You will be required upon employment to submit veriﬁcation of your legal right to work in the United States.)

Have you ever worked for this company or any other of our affiliated companies before?

□ Yes □ No If yes, give date/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever interviewed with this company or any other of our affiliated companies before?

□ Yes □ No If yes, give date/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any relatives currently working at this company or any other of our affiliated companies?

□ Yes □ No If yes, give name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn of this employment opportunity?

□ Career Builder □ Friend □ Relative

□ Employment Agency □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of employment desired:

□ Full time □ Part time □ Temporary □ On-call

If necessary for the job, I am able to work:

Mandatory Overtime □Yes □No Holidays □ Yes □No

Weekends □Yes □ No

###### EDUCATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School | Name & Location | Major | Minor | Circle Grade Completed | Did you graduate? |
| High School |  |  |  | 9 10 11 12 | □ Yes □ No |
| Technical or Vocational |  |  |  | 1 2 3 4 | □ Yes □ No |
| College |  |  |  | 1 2 3 4 | □ Yes □ No |
| Graduate School |  |  |  | 1 2 3 4 | □ Yes □ No |

**SKILLS & QUALIFICATIONS**

Briefly describe duties or training received that would contribute to your job performance at this company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other qualifications such as special skills, abilities or honors that should be considered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Types of computers, software, and other equipment you are qualified to operate or repair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional licenses, certifications or registrations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer’s attention:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT EXPERIENCE** – Please give completed information, starting with your present or most recent employer. Show all employment for at least the past ten years. (Attach a separate sheet of paper, if necessary).

If you are now employed, may we inquire of your present employer? □ Yes □ No

|  |  |
| --- | --- |
| Company Name: | Telephone: ( ) |
| Address: | Employed From: To: |
| Name of Supervisor: | Hourly Pay/Salary:  Start: Last: |
| State job title and describe work: | Reason for leaving: |

**EMPLOYMENT EXPERIENCE CONT.**

|  |  |
| --- | --- |
| Company Name: | Telephone: ( ) |
| Address: | Employed From: To: |
| Name of Supervisor: | Hourly Pay/Salary:  Start: Last: |
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|  |  |
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| Name of Supervisor: | Hourly Pay/Salary:  Start: Last: |
| State job title and describe work: | Reason for leaving: |

**MILITARY**

Did you serve in the U.S. Armed Forces? □ Yes □ No

If yes, what branch, where and dates of service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a veteran? □ Yes □ No

**REFERENCES**

List two personal references who are not relatives or former supervisors.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Telephone Occupation Years known

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Telephone Occupation Years known

**EMERGENCY CONTACT**

In case of accident or illness, please contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Daytime phone Relationship

**INFORMATION TO THE APPLICANT**

Under Maryland law, an employer may not require or demand any applicant for employment or for prospective employment of any employee to submit to 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. I acknowledge that I have read and understand the foregoing statement and have not been given a polygraph, lie detector, or similar test or examination in connection with this application for employment.

I acknowledge receipt of the Maryland Polygraph Statement □ Yes □ No

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Employment Application Statement*

I certify that this application was completed by me and that all entries on it and information in it are true and completed to the best of my knowledge. I understand that making any false statements on this application could result in discharge if I am hired. I fully understand and agree that if I am employed by the company, in consideration of my right to terminate my employment with the company at any time and without notice, for any reason or for no reason at all; the company shall have the right to terminate my employment with the company at any time and with or without cause. I hereby authorize the company to obtain reports, including information concerning my character, employment history and general reputation, which it may deem necessary or appropriate, in its sole and absolute discretion with respect to this application for employment or subsequent employment. I further acknowledge that I have been advised of my right to obtain a complete and accurate disclosure of the nature and scope of the reports received by the company upon written request.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application will be kept in the active files for a period of 6 months. If the applicant is not hired during that period the applicant must complete a new application to be considered for employment.