

## **Employment Application Form**

PLEASE COMPLETE PA	GES 1-3.		D	ATE			
Name							
	Last	First		Middle			
Present address							
	Number	Street	City	State	Zip		
How long at current address Soci		ocial Security No					
Telephone ( )							
Are you under age 18	_YESNO, if "YES", o	can you provide pro	oof of you	ır eligibilit	y to work?	YES	_N0
Are you currently authorized to work in the United States?YESNO. Proof of eligibility will be required if hired.							
			No Pre Mon _ Tue	f	lable to work _ Thur _ Fri _ Sat _ Sun		
How many hours can you	work weekly?		-				
Employment desired	GINTER FULL-TIME ONLY	DPART-TIME (	ONLY		MPORARY/CO	NTRACT	
When are you available to	start work?						

LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE

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

May we contact your present employer?	🛛 Yes	🛛 No
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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.

## 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