

EMPLOYMENT APPLICATION

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-working hours, and any other legally protected status.

PLEASE PRINT CLEARLY

Position(s) applied for (must indicate):						Date:
How did you learn about the company? (circle one)						
Advertisement	Friend	Walk-in	Recruiting Firm	Current Employee	Other:	
Last Name:		First Name:		Middle Name:		
Address:	Street:	City		State	Zipcode	
Telephone Numbers			Social Security Number			
Cell ()		Home ()				
Email Address:			Do you receive email on your cell phone?			
Availability/Preference (circle)		Full-time	Part-Time	PRN/As Needed		

Which Shift are you available to work? (circle): 1st Shift 2nd Shift 3rd Shift

What date are you available to begin working? _____

What is your salary requirement? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever submitted an application with the company before? YES NO

If yes, please provide date: _____

Have you ever been employed with the company before? YES NO

If yes, please provide date: _____

Are you currently employed? YES NO

If yes, where? _____

May we contact your current employer for references? YES NO

Are you legally qualified to work in the United States? YES NO

(Proof of citizenship or immigration status will be required upon employment.)

In order to permit a check of your work and education records, please indicate any and all other names you have used in the past:

Have you ever been charged or convicted of a crime other than a summary offense? YES NO

If yes, please explain: _____

If you are applying for a position that requires a professional license, is your license currently active? YES NO

If no, please explain: _____

Have you ever been excluded or debarred from any federal health care program or defaulted on a health education loan or scholarship? YES NO

If yes, please explain: _____

EDUCATION

	Elementary	High School	Technical School	College	Other
School Name and Location					
Years Completed	4 5 6 7 8 9	9 10 11 12	1 2	1 2 3 4	1 2 3 4 5
Diploma/Degree		YES NO	YES NO	YES NO	YES NO
Course of Study					

Summarize any special skills and training not listed above:

Describe honors received:

Professional Licenses and Certificates:	Type:	State Issued:	Date Issued:	Expires On:	Number:

List an professional, trade, business, or civil activities and offices held. You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status:

REFERENCES

Provide Names, Direct contact phone numbers, email addresses of at least 3 PROFESSIONAL references, who are NOT related to you:

Name	Direct Telephone Number	Email	How you know them
1.			
2.			
3.			
4.			
5.			

PRIOR WORK EXPERIENCE (THIS SECTION MUST BE COMPLETED EVEN IF SUBMITTING A RESUME)

1. Employer	Dates Employed	Work Performed
Address:	From: To:	
Telephone:	ANNUAL SALARY/RATE	
Job Title:	Start: Final:	
Supervisor:		
Reason For Leaving:		

2. Employer	Dates Employed	Work Performed
Address:	From: To:	
Telephone:	ANNUAL SALARY/RATE	
Job Title:	Start: Final:	
Supervisor:		
Reason For Leaving:		
3. Employer	Dates Employed	Work Performed
Address:	From: To:	
Telephone:	ANNUAL SALARY/RATE	
Job Title:	Start: Final:	
Supervisor:		
Reason For Leaving:		
4. Employer	Dates Employed	Work Performed
Address:	From: To:	
Telephone:	ANNUAL SALARY/RATE	
Job Title:	Start: Final:	
Supervisor:		
Reason For Leaving:		

****If you need additional space, please continue on the back of this application****

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience:

Have you ever had any job-related training in the United States Military? YES NO

If yes, please give date: _____

Are you able to perform the essential requirements of the job? YES NO

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

State any additional information you feel may be helpful to us in considering your application:

PLEASE READ BEFORE SIGNING

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Under Maryland Law, the 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date