

#### **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.

Position(s) applied for (must indicate):					Date:			
How did you learn a	bout the co	mpany? (cir	cle one)				1	
Advertisement	Friend	Walk-in	<b>Recruiting Firm</b>	Current Emp	oloyee	Other:		
Last Name:			First Name:			Middle Name:		
Address:	Stree	t:			Cit	ÿ	State	Zip code
Telephone Numbers Cell ( )	;	Home (	)	Social	Security	/ Number		
Email Address:		, ,	,	Do you ree	ceive en	nail on your cell pł	none?	
Availability/Prefere	nce (circle)	Full-time		Part-Time		PRN/	As Needed	
Which Shift are you	available to	work? (circ	:le): 1	. <sup>st</sup> Shift	:	2 <sup>nd</sup> Shift	3 <sup>rd</sup>	Shift
What date are you a	vailable to	begin worki	ng?					
What is your salary	requiremen	t?				_		
If you are under 18	years of age	, can you pr	ovide required pro	of of your eligibili	ity to wo	ork?	YES	S NO
Have you ever subm If yes, please provid							YES	S NO
n yes, pieuse provia	c uute				-			
Have you ever been If yes, please provid							YES	S NO
					-			
Are you currently er If yes, where?					_		YES	S NO
May we contact you	ir current en	nployer for	references?				YES	S NO
Are you legally qual							YES	S NO
(Proof of citizenship	or immigra	tion status v	will be required up	on 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?	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 educat	ion loan	or
scholarship?	YES	NO
If yes, please explain:		

### EDUCATION

	Elementary	High School	Technical School	College	Other	
School Name and						
Location						
Years Completed	456789	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 spec	ial skills and trainin	g not listed above:				
Describe honors rece	eived:					
Professional Licenses and Certificates:	s Type:	State Issued:	Date Issued:	Expires On:	Number:	
-		civil activities and offices y or other protected stat		e memberships which	may reveal sex, race,	

#### REFERENCES

Provide Names, Direct cont you:	act phone numbers, email addresses of at	t least 3 PROFESSIONAL refere	nces, who are NOT related to
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
Name & Address:	From:	То:	
Telephone:	ANNU	JAL SALARY/RATE	
	-		
Job Title:	Start:	Final:	
Supervisor:			
Reason For Leaving:			

2. Employer		Dates Employed	Work Performed
Name & Address:	From:	То:	
Telephone:		ANNUAL SALARY/RATE	
Job Title:	Start:	Final:	
Supervisor:			-
Reason For Leaving:			
3. Employer		Dates Employed	Work Performed
Name & Address:	From:	To:	
Telephone:		ANNUAL SALARY/RATE	
Job Title:	Start:	Final:	
Cumpaniana.			
Supervisor:			-
Reason For Leaving:			
4. Employer		Dates Employed	Work Performed
Name & Address:	From:	To:	
			-
Telephone:		ANNUAL SALARY/RATE	
Job Title:	Start:	Final:	
	Start.	i mai.	
Supervisor:			
Reason For Leaving:			1

\*\*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

# **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

(The Company) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records") (which may contain your photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by CredentialCheck, 575 East Big Beaver Road, Suite 300, Troy, Michigan 48083-1300, (888) 689-2000, <u>https://credentialcheck.com/</u>.

Printed Name:	
Finiteu Name.	

Signature:

Date:

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# ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or investigative consumer reports by <u>(The Company)</u> at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CredentialCheck, 575 East Big Beaver Road, Suite 300, Troy, Michigan 48083-1300, (888) 689-2000, <u>https://credentialcheck.com/</u> and/or Employer.

I understand that a "consumer report" may consist of my driving history ("MVR") from a state motor vehicle records agency or Department of Motor Vehicles, and authorize the Employer to obtain my MVR(s), which may contain personal information about me, such as my photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information.

Printed Name:	
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Signature:

Date:

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## **BACKGROUND INFORMATION**

Last Name	First	Middle	
Other Names/Alias			
Social Security* #		Date of Birth*	
Driver's License #	State of D	river's License*	
Present Address		Phone Number	
City/State/Zip			
Former Employer	Position	Dates of Employment	
E-mail			

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

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