



We greatly appreciate your interest in our organization and assure you that applicants are considered for all positions without regard to race, color, sex, age, religion, national origin, disability, veteran status, and any other protected category under federal, state, or local law. Please note this application must be completed in its entirety and signed in order to be considered. Information submitted on this application is subject to verification. NOTE: All new hires are required to submit documentation in accordance with the Immigration Reform and Control Act of 1986. In addition, employees may be required to submit to drug/alcohol testing both prior to their first day of employment and during the scope of their employment. Reasonable accommodations will be made available to any applicant who feels they are necessary.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Personal Information:

Date: _____/_____/_____

Name: _____
Last First MI

Present address: _____
Street City State ZIP

How long have you lived at this address? _____ Phone # (_____) _____

Previous address: 1. _____
Street City State ZIP

2. _____
Street City State ZIP

How long did you live there? 1. _____ 2. _____

e-Mail Address: _____

Are you at least 18 years of age? Yes No If No, please state your age: _____

Are you legally eligible for employment in the US? Yes No

Employment Information:

Position applying for: _____ Date available to start: _____/_____/_____

Type of employment desired: Full time Part time Temporary Salary desired: \$ _____ per _____

Are you willing to work overtime, if required? Yes No

Are there any shifts or hours that you cannot work? Yes No If yes, please identify: _____

Have you ever applied for a position with this organization before? Yes No If yes, when? _____

Have you ever been convicted of any crime other than a minor traffic violation? Yes No

If yes, state date and places where charges occurred (Note: answering "Yes" will not automatically disqualify you for employment)

Have you taken any illegal drugs in the past thirty (30) days? Yes No

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Education:

	Name and Location of School	Years Completed	Did you Graduate?	Degree Earned Major/Minor
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any extracurricular activities, awards, scholarships, or clubs that you were involved in which might be related to the position for which you are applying: _____

Employment Experience:

Please give accurate, complete full and part time employment record. Start with your present or most recent employer first.

1.	Company Name:	Telephone:
	Address:	Employed From: _____ To: _____
	Name of Supervisor:	Salary/Wages Start:_____ Finish:_____
	State job title and responsibilities:	Reason for separation:
2.	Company Name:	Telephone:
	Address:	Employed From: _____ To: _____
	Name of Supervisor:	Salary/Wages Start:_____ Finish:_____
	State job title and responsibilities:	Reason for separation:
3.	Company Name:	Telephone:
	Address:	Employed From: _____ To: _____
	Name of Supervisor:	Salary/Wages Start:_____ Finish:_____
	State job title and responsibilities:	Reason for separation:
4.	Company Name:	Telephone:
	Address:	Employed From: _____ To: _____
	Name of Supervisor:	Salary/Wages Start:_____ Finish:_____
	State job title and responsibilities:	Reason for separation:

Note that all the employers listed above will be contacted unless the applicant indicates differently.

Are there any employers above whom you do not wish for us to contact? Yes No

If yes, please indicate employer and reason: _____

References: List below the names of three persons, not related to you, whom you have known for at least one year.

Name	Address and Telephone	Business	Years Acquainted

I hereby reaffirm that I have read the foregoing questions and that my answers to them are true and correct and that I have not misrepresented or withheld any information. I understand that falsification of this information may be cause for immediate dismissal. I further acknowledge that my employment may be terminated, and any offer of employment may be withdrawn without prior notice at any time by the company or me. I also understand that my employment is at will. This means that I am free to terminate my employment at any time, for any reason, and the company retains the same right. I understand that any offer of employment may be contingent upon a credit and criminal background investigation and a pre-employment drug screen. I hereby authorize all references and former employers listed on my employment application to give the company any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise. I hereby release all parties, including agents, from any claims, causes of action, or liability from damages that may or could result from furnishing such information to the company or as a result of information obtained through a background investigation or drug screen.

Signature of Applicant: _____ Date: _____