



## Application for Employment

### PERSONAL INFORMATION

*Complete all applicable information*

Name (Full – Last, First, MI)			
Position(s) Applied For:		Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Street Address:	City:	State:	Zip Code:
Home Phone:	Cell Phone:	Social Security Number:	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no may be required to provide authorization to work.)		When could you start employment?	
Are you over the age of 18 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please Explain: (A conviction will not necessarily result in the denial of employment.)			

### EMPLOYMENT HISTORY (List below three employers, Starting with the most recent one first)

Present or Last Position:	Name of Company:	From Month/Year:	To Month/Year:
Street Address:		City:	State:      Zip Code:
Duties:		Reason for Leaving:	
Starting Annual Salary:	Final Annual Salary:	Bonus:	Commission:      May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Title and Department of Supervisor:		Phone Number of Supervisor:

Present or Last Position:	Name of Company:	From Month/Year:	To Month/Year:
Street Address:		City:	State:      Zip Code:
Duties:		Reason for Leaving:	
Starting Annual Salary:	Final Annual Salary:	Bonus:	Commission:      May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Title and Department of Supervisor:		Phone Number of Supervisor:

Present or Last Position:	Name of Company:	From Month/Year:	To Month/Year:
Street Address:		City:	State:      Zip Code:
Duties:		Reason for Leaving:	
Starting Annual Salary:	Final Annual Salary:	Bonus:	Commission:      May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Title and Department of Supervisor:		Phone Number of Supervisor:

**EDUCATION INFORMATION**

High School or GED:	Address:	City:	State:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	Subjects Studied:	
College:	Address:	City:	State:	Degree:	Major:	GPA:
College:	Address:	City:	State:	Degree:	Major:	GPA:
Graduate School:	Address:	City:	State:	Degree:	Major:	GPA:
Graduate School:	Address:	City:	State:	Degree:	Major:	GPA:

**PROFESSIONAL LICENSES/CERTIFICATIONS**

Are you licensed/certified for the position applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of license/certification:
Name of license/certification:
Name of license/certification:

**REFERENCES (Other than those previously listed; no relatives)**

Name:	Business or Position:	Years Known:	Phone Number:
Address:	City:	State:	Zip Code:

Name:	Business or Position:	Years Known:	Phone Number:
Address:	City:	State:	Zip Code:

Name:	Business or Position:	Years Known:	Phone Number:
Address:	City:	State:	Zip Code:

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

UNDER MARYLAND, PENNSYLVANIA, WEST VIRGINIA, DISTRICT OF COLUMBIA, CONNECTICUT, CALIFORNIA, AND MASSACHUSETTS LAW, AN EMPLOYER MAY REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF MISDEMEANOR.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT IF I KNOWINGLY MAKE ANY MISSTATEMENT OF FACT, I AM SUBJECT TO DISQUALIFICATION AND DISMISSAL AND TO SUCH OTHER PENALTIES AS MAY BE PRESCRIBED BY LLAW OR PERSONNEL REGULATIONS. ALL STATEMENTS MADE ON THIS APPLICATION, INCLUDING EMPLOYMENT INFORMATION, ARE SUBJECT TO VERIFICATION AS A CONDITION OF EMPLOYMENT.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunity to disabled veterans, veterans of the Vietnam era, and individuals with disability, and any other characteristics protected by Federal, State, or Local Law.

The employee/applicant may be required to submit to drug/alcohol testing during the scope of their employment. The employee/applicant agrees to non-binding arbitration of any employment disputes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date