

**APPLICATION
FOR
EMPLOYMENT**

(Please Print Clearly)
Please note this application is void after 90 days.

Name _____ Date _____
 Last First Middle

Present Address _____

Social Security No. _____ Telephone Number _____

Are you of legal age to work (age 18)? _____

Do you have a valid Drivers License? _____ License # _____

Are you legally eligible for employment in the U.S.A.? _____

Position(s) applied for: _____

Were you previously employed by us? _____ If yes, when _____

If your application is considered favorably, on what date will you be available for work?

Are there any other experience, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) _____

Record of Education

School	Name & Address of School	Course of Study	Did You Graduate?	List Diploma or Degree
Elementary	_____	_____	_____	_____
High	_____	_____	_____	_____
College	_____	_____	_____	_____

List below present and past employment, beginning with your most recent:

Name & Address of Company _____
From - Mo. ____ Yr. ____ To - Mo. ____ Yr. ____ Weekly Starting Salary _____
Weekly Ending Salary _____ Name of Supervisor _____
Reason for Leaving: _____
Describe the work you did: _____

Name & Address of Company _____
From - Mo. ____ Yr. ____ To - Mo. ____ Yr. ____ Weekly Starting Salary _____
Weekly Ending Salary _____ Name of Supervisor _____
Reason for Leaving: _____
Describe the work you did: _____

Name & Address of Company _____
From - Mo. ____ Yr. ____ To - Mo. ____ Yr. ____ Weekly Starting Salary _____
Weekly Ending Salary _____ Name of Supervisor _____
Reason for Leaving: _____
Describe the work you did: _____

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signature _____

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s).

Personal References (Not former Employers or Relatives)

Name & Occupation	Address	Phone #
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Every employee is required to pass a physical examination at the company's expense. All physicals include a test to screen for drug use. I also understand that I may be required to pass a physical screen or examination at any time required by the company.

I further understand that my continued employment is contingent upon satisfactory completion of a probationary period.

Under Maryland Law an Employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

I hereby certify that the information supplied in this application is complete and correct. I understand that any omission or misstatement herein can be grounds either for refusing to hire me or for terminating my employment if I have already been hired. I hereby consent to the company verifying the information furnished and hereby release all persons who furnish the information to the company in connection with such verification.

Signature _____ Date _____