



8104 EDGEWATER AVENUE • BALTIMORE, MARYLAND 21237  
OFFICE 410.866.3600

## Job Application Form

Position Applied for:

Interview Date:

It is important that you read the guidance notes before completing this application form. Please complete this form fully using blue or black ink.

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.**

### Section 1 Personal details

Last Name:

First Name:

Address:

Zip code:

Home Telephone N<sup>o</sup>:

Mobile Telephone N<sup>o</sup>:

E-mail address:

Social Security N<sup>o</sup>:   
(voluntary)

**Driving Licence**

Do you hold a full, clean valid driving licence?

Yes

No

Available Start date:

Salary range:

**Media:** Please state where you saw this post advertised

## Section 2 Present Employment

**Present Employment** (If now unemployed give details of last employer)

**Name of Employer:**

**Address:**

  

**Zip code:**

**Job Title:**

**Start Salary:**

**End Salary:**

**Brief description of duties:**

**Last day of Service**

(If no longer employed):

**Reason for leaving**

(if no longer employed):

## Section 3 Previous Employment

**Previous Employment** (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector

**Name of Employer:**

**Position Held:**

**Summary of duties:**

**Date From:**

**Date To:**

**Started Salary:**

**Reason for leaving:**

## Previous Employment

Name of Employer:

Position Held:

Summary of duties:

Date From:

Date To:

Started Salary:

Reason for leaving:

## Section 4 Education

Qualifications obtained from Schools, Colleges and Universities.

College or University	Course	Qualifications and grades obtained

School	Address of School	Number of years completed
Elementary		
High school		
Undergraduate (College)		
Other (Specify)		

## Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details

Membership of any Professional / Technical Associations- Please state level of Membership:

--

## Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Program or Course	Duration of Course

## Section 6 Personal Statement

### Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the job description. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

## Section 7 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organization:	<input type="text"/>	Organization:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Zip code:	<input type="text"/>	Zip code:	<input type="text"/>
Telephone Nº:	<input type="text"/>	Telephone Nº:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

May we contact?    Yes       No  

May we contact?    Yes       No

## Section 8 Declaration

### A. Relatives/Other Interests

Are you related to or do you have a close personal relationship or employee(s) of Miller Refrigeration Inc.?

Yes

No

If yes, specify name(s), position(s) and relationship(s)

If appointed, do you have any interests or hold any appointments that may conflict with employment in the role for which you have applied?

Yes

No

If yes, please detail on a separate sheet.

### B. Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 the 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 document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

Signed:

Date:

(Candidates selected for interview will normally be notified within 24-48 hours of the closing date. Unfortunately, applicants who do not hear from Miller Refrigeration Inc. must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post.)

**If you are returning this form by email, you will be asked to sign your application at interview.**

Human Resources <b>Beth Miller</b> O: 410.406.6034 HR@millerrefrigeration.com	General Manager <b>Chris Miller</b> O: 410.406.6035 C: 443.677.7283
--	--