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| AllAmericanFinal.jpg | **Employment Application Form** | **Date** |  |
| **Name** |  |
|  | LAST | FIRST | MIDDLE |
| **Address** |  |
|  | STREET | CITY | STATE  | ZIP |
| **Cell Phone** |  | **Home Phone** |  |
| **How long have you lived at your current address?** |  | **⬜ Years** | **⬜ Months** |
| **Are you under the age of 18?** | **⬜ Yes** | **⬜ No** | **Proof of eligibility may be required, if hired.** |
| **Are you currently authorized to work in the United States?** | **⬜ Yes** | **⬜ No** |
| **What position are you applying for?** |  |
| **What is your desired salary?** | **$** | **⬜ Hourly** | **⬜ Bi-Weekly** | **⬜ Annually** |
| **What is your availability?** | **Mon** | **Tue** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** |
|  |  |  |  |  |  |  |
| **⬜ Full Time** | **⬜ Part Time** | **⬜ Contract/Temporary** |
| **When are you available to start working?** |  |
| **Do you hold a valid U.S. Drivers License?** | **⬜ Yes** | **⬜ No** |

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| **Education Experience** |
| **High School** | **Location** | **Years Attended** | **Major/Degree** |
|  |  |  |  |
| **College** | **Location** | **Years Attended** | **Major/Degree** |
|  |  |  |  |
| **Vocational/Professional School** | **Location** | **Years Attended** | **Major/Degree** |
|  |  |  |  |
| **Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you from employment.)** | **⬜ Yes** | **⬜ No** |
| **Employee Referral** | **⬜ Yes** | **⬜ No** | **Name** |  |
| **UNDER MARYLAND LAW AN 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.** |
| **Military Experience** |
| **Are you a member of the Armed Forces?** | **⬜ Yes** | **⬜ No** |
| **Have you ever been in the Armed Forces?** | **⬜ Yes** | **⬜ No** |
| **Specialty** |  |
| **Date Entered** |  | **Date Discharged** |  |

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| **Work Experience Please list your work experience beginning with your most recent job. If you were self-employed, include firm name. Attach additional sheets if necessary.** |
| **Name of Employer** |  |
| **Address** |  |
| **Phone Number** |  |
| **Last Job Title** |  | **Supervisor** |  |
| **Employed From** |  | **To** |  | **Starting Salary** |  | **Final Salary** |  |
| **Reason for Leaving** |  |
| **Name of Employer** |  |
| **Address** |  |
| **Phone Number** |  |
| **Last Job Title** |  | **Supervisor** |  |
| **Employed From** |  | **To** |  | **Starting Salary** |  | **Final Salary** |  |
| **Reason for Leaving**  |  |
| **Name of Employer** |  |
| **Address** |  |
| **Phone Number** |  |
| **Last Job Title** |  | **Supervisor** |  |
| **Employed From** |  | **To** |  | **Starting Salary** |  | **Final Salary** |  |
| **Reason for Leaving** |  |
| **Name of Employer** |  |
| **Address** |  |
| **Phone Number** |  |
| **Last Job Title** |  | **Supervisor** |  |
| **Employed From** |  | **To** |  | **Starting Salary** |  | **Final Salary** |  |
| **Reason for Leaving** |  |
| **May we contact your present employer?** | **⬜ Yes** | **⬜ No** |
| **Did you complete this application yourself?** | **⬜ Yes** | **⬜ No** |
| **If no, who completed this application for you?** |  |
| **After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation.**  | **⬜ Yes** | **⬜ No** |
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| **PLEASE READ THE FOLLOWING CAREFULLY** |
| **I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.****We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.****Thank you for completing this form, and for your interest in our business.** |

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| **APPLICANT SIGNATURE** | **PRINT** | **DATE** |