



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

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

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?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Did you complete this application yourself?				<input type="checkbox"/> Yes		<input type="checkbox"/> 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.						<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

APPLICANT SIGNATURE	PRINT	DATE