



# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin

**PERSONAL INFORMATION** \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
 Last Middle First

Present Address \_\_\_\_\_  
 Street City State Zip

Permanent Address \_\_\_\_\_  
 Street City State zip

Phone No. \_\_\_\_\_

Referred By \_\_\_\_\_ Are you 18 yrs of age or older?  Yes  No

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Employed Now?  Yes  No If So May We Inquire of Your Present Employer?  Yes  No

Ever Applied to this Company Before?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

## EDUCATION

	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Correspondence School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## GENERAL

Subjects of Special Study or Research Work \_\_\_\_\_

Job Related Skills (typing, driver's license, etc.) \_\_\_\_\_

Activities Other Than Religious (Civic, Athletic, \_\_\_\_\_)

Exclude Organizations, The Name Or Character Of Which Indicates The Race, Sex, Color Or National Origin Of Its Members \_\_\_\_\_

**FORMER EMPLOYERS**

List below your last four employers, starting with the last one first

Date: Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason For Leaving

**REFERENCES**

List below three persons not related to you, whom you have known at least one year

Name	Address	Position	Years Acquainted
1			
2			
3			

**"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 PLOYGRAPH, 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."**

Date \_\_\_\_\_ Signature \_\_\_\_\_

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

**AUTHORIZATION**

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without case and without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_  
Name

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**DO NOT WRITE BELOW THIS - OFFICE USE ONLY**

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

INS Form I-9 completed?  Yes  No

Hired \_\_\_\_\_ For Dept. \_\_\_\_\_ Postion \_\_\_\_\_ Will Report \_\_\_\_\_ Salary Wages \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Employment Manager \_\_\_\_\_ Dept. Head \_\_\_\_\_ General Manager \_\_\_\_\_