



Date of Application

/ /

15317 Carroll Road . Monkton. Maryland 21111**APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer

PERSONAL DATA

Last Name	First	Middle	Nickname
Address		City	State/Zip
Home Phone	Cell Phone	E-mail Address	

EMPLOYMENT DESIRED

Position Desired	Pay/Salary Desired
Other work in which interested	Date Available to Start
Position Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Shift Preference: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either
Available to Work: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	
Hours _____	
No Availability on These Dates:	

ELIGIBILITY (Information will be verified) Please check YES or NO and give additional information if required.

Are you currently a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, part-time <input type="checkbox"/> or full-time <input type="checkbox"/> Major:	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, part-time <input type="checkbox"/> or full-time <input type="checkbox"/> Position:	
Are you legally eligible to work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List VISA type if not US Citizen:	
Have you served in the United States Armed Forces:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list branch:	
Have you ever been convicted of a civilian or military crime other than a minor traffic violation? (A conviction will not necessarily disqualify you for this position.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we run a background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

Name of School	City/State	Dates From / To	Graduated? / Degree
High School			
College			
Other School(s) - Trade			

Have you received a high school equivalency certificate?

 Yes No

State:

LICENSING

Type/Class	License Number	Expiration Date	Issuing Authority/State

CURRENT EMPLOYMENT

Current or Most Recent Employer:	
Street:	
City/State/Zip:	
Position Title:	
Salary:	
Start Date:	End Date:
Describe duties:	
If still employed, explain reason for wanting to leave:	
If no longer employed, explain reason no longer working:	
Supervisor:	Supervisor Phone:
May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER EMPLOYMENT

Employer:	
Street:	
City/State/Zip:	
Position Title:	
Salary:	
Start Date:	End Date:
Describe duties:	
Reason for leaving:	

Employer:	
Street:	
City/State/Zip:	
Position Title:	
Salary:	
Start Date:	End Date:
Describe duties:	
Reason for leaving:	

Employer:	
Street:	
City/State/Zip:	
Position Title:	
Salary:	
Start Date:	End Date:
Describe duties:	
Reason for leaving:	

REFERENCES: Please list two (2) people, who are not employers listed above or relatives, that you have known for a year or more that we may contact as references.

Name	Relationship	Years Known	Phone Number

EMERGENCY CONTACT

Name	Relationship	Address	Phone Number

READ THIS SECTION AND SIGN AND DATE BELOW

I authorize investigation of all statements contained in the application upon offer of employment. I hold free from liability all former employers and persons named herein, who may, in response to inquiries made by the Company, furnish true information pertaining to my reputation, employment, and health history. I agree to furnish necessary additional information to complete required records. I further agree and understand that any misrepresentation by me in this application may result in my immediate termination. Prior to beginning work, I understand that I will be required to complete an Employment Eligibility Form (I-9) and present evidence of identity and employment eligibility to work in the US. I understand that employment with the Company is at will and can be terminated by either party at any time, with or without cause or notice. I further acknowledge that no Company representative has the authority to offer me permanent employment.

Signature of Applicant / Date

ADMINISTRATIVE - DO NOT COMPLETE

<i>Interview Date</i>	
<i>References Checked By</i>	
<i>Referral</i>	
<i>Start Date</i>	
<i>I-9 Visa Work Permit</i>	