

EMPLOYMENT HISTORY

PLEASE LIST ALL JOBS, BEGINNING WITH YOUR PRESENT OR LAST EMPLOYER, ACCOUNT FOR ALL TIME PERIODS, INCLUDING UNEMPLOYMENT, SELF-EMPLOYMENT AND U.S. MILITARY SERVICE. IF SPACE IS INSUFFICIENT, LIST ON A SEPARATE PAGE OR ADDITIONAL APPLICATION FORM.

1) NAME AND ADDRESS		TYPE OF BUSINESS	SALARY		DATE	
			START	END	START	END

JOB TITLE		DUTIES AND RESPONSIBILITIES	REASON FOR LEAVING/ WISHING TO LEAVE	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DEPARTMENT	SUPERVISOR			TELEPHONE NUMBER	

2) NAME AND ADDRESS		TYPE OF BUSINESS	SALARY		DATE	
			START	END	START	END

JOB TITLE		DUTIES AND RESPONSIBILITIES	REASON FOR LEAVING/ WISHING TO LEAVE	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DEPARTMENT	SUPERVISOR			TELEPHONE NUMBER	

3) NAME AND ADDRESS		TYPE OF BUSINESS	SALARY		DATE	
			START	END	START	END

JOB TITLE		DUTIES AND RESPONSIBILITIES	REASON FOR LEAVING/ WISHING TO LEAVE	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DEPARTMENT	SUPERVISOR			TELEPHONE NUMBER	

4) NAME AND ADDRESS		TYPE OF BUSINESS	SALARY		DATE	
			START	END	START	END

JOB TITLE		DUTIES AND RESPONSIBILITIES	REASON FOR LEAVING/ WISHING TO LEAVE	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DEPARTMENT	SUPERVISOR			TELEPHONE NUMBER	

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE #	ADDRESS	BUSINESS	YEARS ACQUAINTED
1)				
2)				
3)				

HOW WERE YOU REFERRED TO THIS COMPANY?

- WALK IN
- EMPLOYEE REFERRAL WHO? _____
- NEWSPAPER ADVERTISEMENT WHICH PAPER? _____
- EMPLOYMENT AGENCY WHICH AGENCY? _____
- OTHER EXPLAIN: _____

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE/DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST/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 \$100.00

APPLICANTS SIGNATURE _____ DATE _____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS OF THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, 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 PRIOR NOTICE AND WITHOUT CAUSE."

APPLICANTS SIGNATURE _____ DATE _____

PLEASE DO NOT WRITE BELOW THIS LINE

DATE	TURN DOWN LETTER
2ND INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE
WITH WHOM?	REASON: _____
HIRE <input type="checkbox"/> YES <input type="checkbox"/> NO	
INTERVIEWER	DATE



NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.