

APPLICATION FOR EMPLOYMENT

Date: _____

Please print and answer all questions. Résumés are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, color, religion, sex, age, national origin, marital status, sexual orientation, genetic information, physical or mental disability unrelated to job performance, or the individual's refusal to submit to a genetic test or to provide genetic test results, or any other category protected by applicable federal, state or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name: _____ Position applied for: _____

Phone number: _____ Alternate phone number: _____

Current address: _____
(Street, Apartment, or Unit Number)

_____, _____ How long at this address: _____
(City) (State) (Zip Code)

Desired salary/hourly rate: _____

If under the age of 18, can you provide the necessary work certificate at the time of employment?

_____ YES _____ NO

Type of employment desired: _____ Full-Time _____ Part-Time (specify number of hours _____)

Are you willing to work overtime? _____ YES _____ NO Date you can begin work if hired? _____

Have you previously applied for employment with this company? _____ YES _____ NO

If yes, when and where did you apply? _____

Have you ever been employed by this company? ____ YES ____ NO If yes, provide date of employment, location and reason for separation from employment: _____

List all special technical skills that you feel qualify you for the job for which you are applying (for example; computer programming/language, software, equipment operation, special tools or machines, etc.)

Education	School Name and Location (Address, City, State)	Course of Study	Graduate	Number of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors received: _____

If applicable, list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc: _____

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name, and business references. You may include any verifiable work performed on a volunteer basis, internships or military services. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer

Name Address Type of Business

Phone #: _____ Dates employed: From _____ to _____

Job title: _____ Duties: _____

Supervisor's name: _____ May we contact? YES NO If no, why not? _____

Wages: Start \$ _____ Final \$ _____ Reason for leaving: _____

What will this employer say was the reason your employment terminated? _____

How much notice did you give when resigning? If none, explain: _____

Employer

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Job title: _____ Duties: _____

Supervisor's name: _____ May we contact? YES NO If no, why not? _____

Wages: Start \$ _____ Final \$ _____ Reason for leaving: _____

What will this employer say was the reason your employment terminated? _____

How much notice did you give when resigning? If none, explain: _____

Please explain fully all gaps in your employment history in excess of one month:

Have you ever been terminated or asked to resign from any job? YES NO If yes, how many times? _____

Has your employment ever been terminated by mutual agreement YES NO If yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? YES NO If yes, how many times? _____

If you answered YES to any of the above three (3) questions, please explain the circumstances of each occasion:

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (I.E., SUPERVISOR, CO-WORKER)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company has a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF THE RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OF STATEMENT WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any required authorization forms for a background investigation after a conditional offer of employment and interview has been made and conducted by the employer.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization for any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

Applicant Signature: _____ Date: _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECT EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLY GRAPH OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00. I have read and understand the above statement.

Applicant Signature: _____ Date: _____

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE APPLICABLE FOR ALL INDUSTRIES.