



Application for Employment

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

Soc. Sec. #: \_\_\_\_\_    Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
  Street Address    City    State    Zip

Home Phone: \_\_\_\_\_    Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position/Availability

Position applied for: \_\_\_\_\_

Days/Hours Available:  
                        Sun \_\_\_\_ Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_

Hours of Availability: From \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

For Office Use Only

|                          |            |                |             |
|--------------------------|------------|----------------|-------------|
| DEPARTMENT: _____        | F-T: _____ | P-T: _____     | TEMP: _____ |
| RATE of PAY:             | \$ _____   | Position _____ |             |
|                          | \$ _____   | Position _____ |             |
|                          | \$ _____   | Position _____ |             |
| REMARKS: _____           |            |                |             |
| _____                    |            |                |             |
| _____                    |            |                |             |
| _____                    |            |                |             |
| Manager Signature: _____ |            |                | Date: _____ |

Have you ever been convicted of or pleaded no contest to a felony within the last five (5) years?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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If applying for a position which requires driving, do you have a valid Maryland State Driver's License? Yes \_\_\_ No \_\_\_

Have you ever been ticketed for a moving traffic violation?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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### Education

School Address

Major/Diploma

Date of Graduation

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Skills and Qualifications: Licenses, Skills, Training and Awards

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**Employment History**

**Present or Last Position:**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your present employer? Yes \_\_\_ No \_\_\_

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**Previous Position:**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your present employer? Yes \_\_\_ No \_\_\_

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**References:**

|    | Name/Title<br>Occupation | Address | Phone |
|----|--------------------------|---------|-------|
| 1. | _____                    | _____   | _____ |
| 2. | _____                    | _____   | _____ |
| 3. | _____                    | _____   | _____ |

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I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future. If I am hired, I authorize the verification of any or all information listed above.

\_\_\_\_\_  
Applicants Signature Printed Name Date

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## Employee Emergency Contact Information

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_