



357 Pier 1 Rd., Stevensville, MD 21666

410-643-0999

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Page 1 of 2

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

DATE: _____

PERSONAL INFORMATION

NAME (LAST)		(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS			CITY	STATE	ZIP CODE
PERMANENT ADDRESS			CITY	STATE	ZIP CODE
PHONE NO.	CELL NO.		E-MAIL ADDRESS		

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED?	YES	NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER	YES	NO
EVER APPLIED TO THIS COMPANY BEFORE?		YES	NO	WHEN?	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? ____ YES ____ NO					
IF YES, GIVE THE DATE, PLACE OF CONVICTION, CHARGE AND DISPOSITION OF EACH CASE: _____					
DAYS/HOURS AVAILABLE TO WORK:			HOW MANY HOURS CAN YOU WORK WEEKLY? _____		
NO PEF _____	WED _____	SAT _____	FULL-TIME ONLY _____		
MON _____	THUR _____	SUN _____	PART-TIME ONLY _____		
TUE _____	FRI _____		FULL OR PART-TIME _____		
(PLEASE CHECK ALL THAT APPLY)			(PLEASE CHECK ONE)		

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED DEGREE EARNED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE AND/OR GRAD SCHOOL				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME, ADDRESS & PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

(CONTINUED ON OTHER SIDE)

Application for Employment

REFERENCES

Please print all information requested except for signature

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

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
1			
2			
3			

AUTHORIZATION

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 on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I understand that employment at the company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis.

DATE  _____ SIGNATURE  _____

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Applicant please sign to acknowledge reading of this notice.



SIGNATURE

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS				CHARACTER	
PERSONALITY				ABILITY	
HIRED	DEPT	POSITION	WILL REPORT	SALARY WAGES	

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER