

Employment Application Form

PLEASE COMPLETE PAGES 1-3.

DATE:

Name :

Last

First

Middle

Present address:

Number

Street

City

State

Zip

How long at current address :

Social Security No.:

Telephone:

Are you under age 18 YES NO, if "YES", can you provide proof of your eligibility to work? YES NO

Are you currently authorized to work in the United States? YES NO. Proof of eligibility will be required if hired.

Days/hours available to work

Position applied for
and wage desired
(Be specific)

How many hours can you work weekly?

Employment desired FULL-TIME ONLY PART-TIME ONLY TEMPORARY/CONTRACT

When are you available to start work?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? No Yes (A Conviction record will not necessarily disqualify you from employment.) Please provide details on separate paper.

Employee Referral? Name _____

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, OR PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER in the ARMED FORCES? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: Address: Phone number:	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving (be specific)			
Name of employer: Address: Phone number:	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving (be specific)			
Name of employer: Address: Phone number:	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving (be specific)			
Name of employer: Address: Phone number:	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving (be specific)			

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation Yes No.

PLEASE READ CAREFULLY

I hereby authorize Grace Place/ Ambassadors for Christ to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Grace Place/ Ambassadors for Christ and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment/ volunteering if I am employed/ volunteering, whenever it may be discovered.

If I am employed or selected to volunteer, I acknowledge that there is no specified length of employment/ volunteer assignment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I agree that if my application is approved that I will at no time bring alcohol or drugs on the premises, have in my vehicle or possession, nor allow any of the women to consume or have such substances in their possession. I will submit to a drug/alcohol test should an event arise that deems necessary for such testing. I understand that such test results will be kept confidential.

Thank you for completing this application form and for your interest in our business.

Applicant Signature

Print

Date