

Professional Restorations

Application for Employment

6600 Frankford Avenue

Equal-Opportunity Employer

Baltimore, Maryland 21206

Office 410-675-8100

Personal Information

Last Name:		First Name:	
Date of Birth:		Phone:	
Current Street Address:			
City:	State:		Zip Code:
Years at current address:		Years at previous address:	
Email:		How did you hear about us?	
Date Available:	Desired Salary \$	Position Applied For:	
Are you a U.S. Citizen?	Y N	If no, are you authorized to work in the U.S.?	Y N
Have you ever worked for Professional in the past?	Y N	Have you ever been convicted of a felony?	Y N
Do you have a valid Maryland driver's license?	Y N	Do you have any points or violations on your driving record?	Y N
Do you have reliable transportation?	Y N	Are you available to work overtime?	Y N

Education Information

	Name	Years Attended	Graduate	Subject Studied
High School			Y N	
College			Y N	
Trade or Business School			Y N	

General Information

Military

Have you served in the Military?	Y N	Years of Service	Rank at time of discharge
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References *Please list two professional references*

Full Name:	Relationship:
Company:	Phone:
Address:	

Full Name:	Relationship:
Company:	Phone:
Address:	

Previous Employment *Most recent at the top*

Company:	Phone:
Address:	
Supervisor:	Job Title:
Starting Salary: \$	Ending Salary: \$
Start Date:	End Date:
Reason for Leaving:	
May we contact your previous supervisor for a reference?	Y N

Company:	Phone:
Address:	
Supervisor:	Job Title:
Starting Salary: \$	Ending Salary: \$
Start Date:	End Date:
Reason for Leaving:	
May we contact your previous supervisor for a reference?	Y N

Company:	Phone:
Address:	
Supervisor:	Job Title:
Starting Salary: \$	Ending Salary: \$
Start Date:	End Date:
Reason for Leaving:	
May we contact your previous supervisor for a reference?	Y N

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 information concerning my previous employment and much pertinent information they may have, personal or otherwise, and release the company from any liability for any damages that may result from utilization of such information.

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

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA and other relevant federal and state laws)."

Employment Consumer Report Authorization

A consumer reporting agency may furnish an investigative report for employment purposes only if the employer certifies that the consumer has authorized in writing that the report be obtained.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

I acknowledge receipt of the **Employment Consumer Report Disclosure** and the summary of consumer rights entitled, **A Summary of Your Rights under the Fair Credit Reporting Act**.

I authorize you to secure an investigative consumer report for employment purposes which may include, but not necessarily be limited to, a criminal history records investigation, an MVA driving record, verification of education and verification of employment history.

I authorize your consumer reporting agency, Property Owner's Exchange Inc., to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living. I release all concerned from liability in connection with any information they give. Any misrepresentation made in this application will be sufficient cause for cancellation of the application and/or for separation from the company's service if the company employs me.

I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during, and after my employment, if any discretion, you have a legally permissible and legitimate business need for the information requested.

I understand that I have the right, under **Section 606(B)** of the Federal Fair Credit Reporting Act, to make a written request within a reasonable time for a complete and accurate disclosure of the nature and scope of the investigative consumer report.

Signed By _____ **Date** _____

For Internal Use Only

Comments	
Hired	For Department
Position	Start Date
Hourly/Salary Wage \$ /Per Hour or Year	Will Report To

Approved by _____ **Date** _____