

## **Equal Opportunity Employer**

| Applicant Information |  |                 |                                       |               |                 |              |                  |  |  |
|-----------------------|--|-----------------|---------------------------------------|---------------|-----------------|--------------|------------------|--|--|
| Full Name:            |  |                 |                                       |               |                 | Da           | ate:             |  |  |
|                       | Last   |                 | First                                 |               |                 | M.I.         |                  |  |  |
| Address:              |  |                 |                                       |               |                 |              |                  |  |  |
|                       | Street Address   |                 |                                       |               |                 |              | Apartment/Unit # |  |  |
|                       |  |                 |                                       |               |                 |              |                  |  |  |
|                       | City   |                 |                                       |               |                 | State        | ZIP Code         |  |  |
| Phone:                |  |                 |                                       | Email:        |                 |              |                  |  |  |
| Birth Date:           |  |                 |                                       |               |                 |              |                  |  |  |
|                       |  |                 |                                       | Availability  |                 |              |                  |  |  |
|                       |  |                 | , , , , , , , , , , , , , , , , , , , | Avaliability  |                 |              |                  |  |  |
|                       | Sunday   | Monday          | Tuesday                               | Wednesday     | Thursday        | Friday       | Saturday         |  |  |
| From                  |  |                 |                                       |               |                 |              |                  |  |  |
| То                    |  |                 |                                       |               |                 |              |                  |  |  |
|                       |  |                 |                                       |               |                 |              |                  |  |  |
|                       | applied for emp  | •               | ? (Circle One)                        |               |                 | YES          | NO               |  |  |
| Are you lookir        | g for full-time or   | YES             | NO                                    |               |                 |              |                  |  |  |
| Are you legally       | eligible for emp   | YES             | NO                                    |               |                 |              |                  |  |  |
| Are vou curre         | ntly employed?(  | YES             | NO                                    |               |                 |              |                  |  |  |
| -                     |  |                 |                                       |               |                 |              |                  |  |  |
| If so, may we         | nquire of your pr  | YES             | NO                                    |               |                 |              |                  |  |  |
|                       | week-ends? (Cir<br>will you be able t  | YES             | NO                                    |               |                 |              |                  |  |  |
|                       | •  |                 |                                       |               |                 |              |                  |  |  |
|                       | been convicted of the control of the | of a misdemeand | or or a felony? (C                    | ircle One)    |                 | YES          | NO               |  |  |
|                       |  |                 | Phy                                   | ysical Record |                 |              |                  |  |  |
|                       | ny physical limita<br>n be done to acc   |                 | de you from any v                     |               | ou are being co | onsidered? Y | 'ES NO           |  |  |

| Education                     |        |                   |         |           |           |              |  |  |
|-------------------------------|--------|-------------------|---------|-----------|-----------|--------------|--|--|
| High School:                  |        | Address:          |         |           |           |              |  |  |
| From:                         | То:    | Did you graduate? | YES     | NO        | Diploma:: |              |  |  |
| College:                      |        | Address:_         |         |           |           |              |  |  |
| From:                         | Го:    | Did you graduate? | YES     | NO        | Degree:   |              |  |  |
| Any other special training or | skill? |                   |         |           |           |              |  |  |
|                               |        | Refere            | nces    | _         | _         |              |  |  |
| Please list references.       |        | Neiele            | ilices  |           |           |              |  |  |
| Full Name:                    |        |                   |         |           | Rela      | tionship:    |  |  |
| Company:                      |        |                   |         |           |           | Phone:       |  |  |
| Address:                      |        |                   |         |           |           |              |  |  |
| Full Name:                    |        |                   |         |           | Rela      | tionship:    |  |  |
| Company: Phone:               |        |                   |         |           |           |              |  |  |
| Address:                      |        |                   |         |           |           |              |  |  |
|                               |        | Previous Em       | emvolar | nt        |           |              |  |  |
|                               | Most I | _                 |         | Vext Rece | ent       | Least Recent |  |  |
| Employer                      | Wiost  | XCCCIII           | 1       | VCAL ICCC | ont.      | Edat Recent  |  |  |
| Phone Number                  |        |                   |         |           |           |              |  |  |
| Address                       |        |                   |         |           |           |              |  |  |
| Supervisor                    |        |                   |         |           |           |              |  |  |
| Job Title                     |        |                   |         |           |           |              |  |  |
| Job Description               |        |                   |         |           |           |              |  |  |
| Dates Employed                |        |                   |         |           |           |              |  |  |
| Starting Pay                  |        |                   |         |           |           |              |  |  |
| Ending Pay                    |        |                   |         |           |           |              |  |  |
| Reason for Leaving            |        |                   |         |           |           |              |  |  |
| May we contact employer?      |        |                   |         |           |           |              |  |  |

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 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 all parties from all liability for any damage that may result from furnishing same to you.

| I understand and agree that if hired, my employment is for no definite period and may, regardless of the data<br>be terminated at any time without any prior notice   | e of payment of my wages and salary, |
|---|--------------------------------------|
| Under Maryland law, employer may not require or demand any applicant for employment or any employee to detector, or similar test or examination as a condition of employment or continued employment. Any employ of a misdemeanor and is subject to a fine not to exceed \$100,000.00 | . , , , ,                            |
| Signature:  | Date:                                |