



APPLICATION FOR EMPLOYMENT

It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic. ***PLEASE BE SURE TO COMPLETE ALL SHADED ITEMS**

Name _____

Phone _____

Address _____

City/State/Zip _____

E-Mail Address _____

***Position Applied For:** _____ ***Salary Desired:** _____

***Date Available:** _____ ***Location(s) Preferred:** _____

Would you accept full-time work? Yes No Part-time Work? Yes No

Have you ever been employed here before? Yes No Dates _____

Do you have a legal right to be employed in the U.S.? Yes (If no, proof is required) No

Are you of legal age to work? Yes No

List of Certification(s) / License(s): _____

Special Training and / or Skills: _____

Educational Background

High School: _____

Location: _____

Did you graduate? Yes No Year: _____ Degree or Diploma: _____

College: _____

Location: _____ Course of Study: _____

Did you graduate? Yes No Year: _____ Degree or Diploma: _____

Graduate School: _____

Location: _____ Course of Study: _____

Did you graduate? Yes No Year: _____ Degree or Diploma: _____

For Office Use Only

Employee # _____

Hire Date _____

Position _____

Rate _____

Notes _____

Attachments

Resume

Applicant Reference Check

Applicant Interview

Vocational: _____

Location: _____

Did you graduate? Yes No Year: _____ Degree or Diploma: _____

Continuing Education: _____

Previous Employers and Addresses

*PLEASE BE SURE TO COMPLETE ALL SHARED ITEMS

Place an "X" in the box by the employers you do not want us to contact. List the most recent employer first.

1. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed from / / To / /

Position _____ *Last Wage _____

Reason for leaving _____

2. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed from / / To / /

Position _____ *Last Wage _____

Reason for leaving _____

3. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed from / / To / /

Position _____ *Last Wage _____

Reason for leaving _____

4. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed from / / To / /

Position _____ *Last Wage _____

Reason for leaving _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature _____ Date _____

____ A. MORTON THOMAS and Associates, Inc.

ADDENDUM TO EMPLOYMENT APPLICATION

LIE DETECTOR TESTS
Labor and Employment Article Section 3-702
Annotated Code of Maryland

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's Signature

Date

Voluntary Affirmative Action Data

PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/ reserve/ national guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS. NOT FOR INTERVIEW PURPOSES. FILE SEPARATELY FROM APPLICATION. In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations which may apply, we request that you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Applicant Information

Applicant's name _____ Phone () _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Sex: Male Female Position applied for _____ Date _____

Referral Source:

Government Employment Agency Private Employment Agency Current Employee
 Walk-in School Other _____
 Relative Advertisement located in _____

Person who referred you, if applicable _____

Please select one of the following Equal Employment Opportunity Identification Groups:

Hispanic White (not of Hispanic origin) American Indian/Alaska Native
 Asian/ Pacific Islander Black (not of Hispanic origin)

For Administrative Use

Position(s) applied for _____ Current Opening No current opening

Other position(s) considered for _____

Hired? No Yes Hire date _____

Position hired for _____

Position classification

Office and Clerical Workers Sales Workers Technicians
 Operatives (semi-skilled) Service Workers Laborers (unskilled)
 Craft Workers (skilled) Professionals Official and Managers

Additional Notes _____

Completed by _____ Date _____