



APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION			
NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER
PRESENT ADDRESS		CITY	STATE ZIP
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE ZIP
ARE YOU 18 YEARS OR OLDER Y N	ARE YOU 21 YEARS OR OLDER Y N	TELEPHONE	

DESIRED EMPLOYMENT							
POSITION DESIRED				DATE YOU CAN START		SALARY DESIRED	
ARE YOU PRESENTLY EMPLOYED? Y N		IF SO, MAY WE INQUIRE YOUR EMPLOYER? Y N		HAVE YOU EVER WORKED FOR HUMAGALAS BEFORE? Y N			
REASON FOR LEAVING							
SCHEDULE AVAILABILITY (PLEASE MARK ALL SHIFTS YOU ARE AVAILABLE TO WORK)							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

PREVIOUS EMPLOYMENT				
PRESENT OR MOST RECENT EMPLOYER		POSITION HELD	WAGE PER HOUR	EMPLOYMENT DATES FROM TO
CITY, STATE		SUPERVISOR	PHONE NUMBER	
REASON FOR LEAVING				
PREVIOUS EMPLOYER		POSITION HELD	WAGE PER HOUR	EMPLOYMENT DATES FROM TO
CITY, STATE		SUPERVISOR	PHONE NUMBER	
REASON FOR LEAVING				
PREVIOUS EMPLOYER		POSITION HELD	WAGE PER HOUR	EMPLOYMENT DATES FROM TO
CITY, STATE		SUPERVISOR	PHONE NUMBER	
REASON FOR LEAVING				
PREVIOUS EMPLOYER		POSITION HELD	WAGE PER HOUR	EMPLOYMENT DATES FROM TO
CITY, STATE		SUPERVISOR	PHONE NUMBER	
REASON FOR LEAVING				

EDUCATION			
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	SUBJECTS STUDIED
HIGH SCHOOL		DID YOU GRADUATE?	
COLLEGE		DID YOU GRADUATE?	
TRADE OR BUSINESS		DID YOU GRADUATE?	

GENERAL
SUBJECTS OF SPECIAL INTEREST
SPECIAL SKILLS
SPECIAL TRAINING

REFERENCES

LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	ADDRESS	BUSINESS	PHONE NUMBER

LIST THE NAMES OF ANY PERSONS WHOM YOU ARE RELATED TO OR ACQUAINTED WITH WHO WORK FOR HUMAGALAS AT THIS TIME.

NAME	ADDRESS	POSITION	PHONE NUMBER

SERVICE RECORD

BRANCH OF SERVICE	RANK	DISCHARGE DATE

AUTHORIZATION

I authorize 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.

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.

MARYLAND APPLICANTS: Under Maryland law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

DATE _____

SIGNATURE _____

