

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

## PERSONAL INFORMATION

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State ZIP

Permanent Address: \_\_\_\_\_  
Street City State ZIP

Phone #: \_\_\_\_\_  
Referred by: \_\_\_\_\_ Are you 18 yrs of age or older?  Yes  No

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are You Employed Now?  Yes  No If so, May We Inquire of Your Present Employer?  Yes  No

Ever Applied to this Company Before:  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

## EDUCATION

Name & Location of School	Enter # of Years Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, Correspondence School _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## GENERAL

Subjects of Special Study or Research Work: \_\_\_\_\_

Job Related Skills (typing, Driver's License, etc.): \_\_\_\_\_

Activities Other Than Religious (Civic, Athletic, etc.): \_\_\_\_\_

**FORMER EMPLOYERS** List below your last four employers, starting with the last one first.

Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES** List below three persons not related to you, whom you have known at least one year.

	Name	Address	Position	Years Acquainted
1				
2				
3				

"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."

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

If you are to be hired by the Company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

**AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I require that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revisit its policies or procedures, in whole or in part, at any time.

Date:

Signature

**PRE-EMPLOYMENT INQUIRY RELEASE**

In connection with my employment application with Wenzel Associates, Inc., I understand that investigative background inquiries may be made on myself; including, but not limited to, education, consumer credit, criminal, driving, civil and previous employment, as well as claims involving me in the files of insurance companies when applicable. These reports will include, among other things, information as to my character, work habits, performance and experience along with reasons for termination of past employment. I authorize, without reservation, any party or agency contacted by Wenzel Associates, Inc. to furnish the above information.

Print Full Name:

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Social Security #:

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Date of Birth:

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Driver's License #:

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Applicant's Signature:

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Date:

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