



14818 N Franklinville Rd.
Thurmont, MD 21788
(301) 271-7808
MHIC# 124933
PA# 000114
VA# 2705128320

Employment Application

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of non-related medical condition or handicap.

Name: _____ Date: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____ Social Security #: _____

DOB: _____ Are you a citizen of the United States of America? () Yes () No

Are you a veteran of the U.S. Military service? () Yes () No

Have you applied here before? () Yes () No If so, when? _____ Position applied for? _____

Residence History: Please list addresses at which you have resided during the 3 years preceding the date on which this application is submitted.

Address: _____ City: _____ State: _____ Zip Code: _____

From: _____ To: _____

Address: _____ City: _____ State: _____ Zip Code: _____

From: _____ To: _____

Address: _____ City: _____ State: _____ Zip Code: _____

From: _____ To: _____

Employment Experience: State with your present or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Supervisor Name: _____

From: _____ To: _____ Salary or Hourly rate: _____

Reason for Leaving: _____

Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Supervisor Name: _____

From: _____ To: _____ Salary or Hourly rate: _____

Reason for Leaving: _____

Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Supervisor Name: _____

From: _____ To: _____ Salary or Hourly rate: _____

Reason for Leaving: _____

Education:

Schools/Colleges Attended:	# of Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special qualifications for this job:

Driving Record / History:

Drivers License #: _____ State: _____ Expiration Date: _____

List the nature and extend of your experience in the operation of motor vehicles, including the type of equipment (passenger vehicles, buses, trucks, truck tractors, semi-trailers, full trailers and pole trailers) which you have operated.

List all motor vehicle accidents in which you have been involved during the 3 years preceding the date of this application is submitted. Specify the date and nature of each accident and any fatalities or personal injuries it caused. If none, state NONE.

List all violations of motor laws or ordinances (other than parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the application submission date. If none, state NONE.

List in detail any facts or circumstances where your license, permit, or your privilege to operate a motor vehicle has been denied, revoked, or suspended. If none, state NONE.

I CERTIFY the answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application and the request of my driver's record as may be necessary in arriving at an employment decision. I understand this application is not intended to be a contract of employment, I understand false or misleading information given on my application or interview may result in termination.

Signature: _____ Date: _____