

# Application for Employment

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Date Available for Hire

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Social Security Number

## About You

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

**Alias or Past Names: (Please include maiden name, if applicable.)**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

## Current Residence

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

Is it okay to call you at work?

Yes

No

## Past Residence(s)

Dates

to

\_\_\_\_\_  
Address/City/State/ZIP Code

Dates

to

\_\_\_\_\_  
Address/City/State/ZIP Code

## Are You:

Yes No

Over 18 Years Old?

A previous applicant?

A previous employee?

Legally able to work in the U.S.?

Able to make it to work using a reliable means of transportation?

## Have You:

Ever been convicted of a crime other than a traffic violation?

Yes

No

If yes, please describe and include type of crime and date of conviction

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## How Did You Find Us?

Advertisement

Name of Publication

\_\_\_\_\_

Employee Referral

Employee Name

\_\_\_\_\_

Employment Agency

Employment Agency

\_\_\_\_\_

Other

\_\_\_\_\_

## Your Work Experience

Present/Last Employer	Type of Organization	Start Date	End Date
Address	Phone	Salary	
Job Title	Supervisor	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving			

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Employer	Type of Organization	Start Date	End Date
Address	Phone	Salary	
Job Title	Supervisor	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving			

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Employer	Type of Organization	Start Date	End Date
Address	Phone	Salary	
Job Title	Supervisor	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving			

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Employer	Type of Organization	Start Date	End Date
Address	Phone	Salary	
Job Title	Supervisor	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving			

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Employer	Type of Organization	Start Date	End Date
Address	Phone	Salary	
Job Title	Supervisor	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving			

**Professional Information (if applicable)**

License Description	_____	License Number	_____
Effective Date	_____	Expiration	_____
Certification	_____	Registration Number	_____
Effective Date	_____	Effective Date	_____

**Your Education & Training**

Type of School	Name and Location of School/Training	Dates of Attendance	Name and Date of Degree Earned	Fields of Study (Major and Minor)
High School/ Trade School		<del>_____</del>		
Business or Tech School				
Colleges				
Sexual Harassment Training				
Other Training (Explain)				

**Academic or Other Awards or Achievements**

(Academic honors, awards, scholarships/fellowships, membership in academic societies or other awards obtained related to your education or qualifications for the position\*)

Date	_____	Description	_____
Date	_____	Description	_____
Date	_____	Description	_____

\* Exclude those that would indicate race, color, religion, national origin, disability or age.

**Additional Qualifications**

(Special technical computer or individual skills that would qualify you for the position\*)

Description \_\_\_\_\_

Description \_\_\_\_\_

Description \_\_\_\_\_

**U.S. Military Service**

Branch \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Dates of Service \_\_\_\_\_ to \_\_\_\_\_

Duties \_\_\_\_\_ Honorable Discharge?  Yes  No

**Please Read Carefully**

**If you have any questions regarding the application, this statement or have need of special assistance in regard to applying for this position, please see the person of this Organization who is assisting you with this application.**

Downes Associates does not discriminate in hiring on basis of race, color, religion, sex, national origin, disability, veteran status, or your membership in any protected class protected under law of this jurisdiction. This application does not intend to ask questions that would provide information that could be used for discrimination.

Your application will be given the consideration it deserves; however, completing an application does not imply that you will be offered employment. By signing your name below, you understand that nothing contained in this application or any information gained or discussed during the interview process creates an employment contract between you and Downes Associates. Should this application and the process surrounding this application result in your employment, you have the right to terminate your employment at any time and for any reason. Likewise, Downes Associates reserves the right to terminate your employment at any time and for any reason.

Moreover, you understand that no person of Downes Associates with the exception of the CEO, has any authority to enter into any agreement with you for any specified period of time or to guarantee any other personnel benefit. This includes any statements or guarantees made prior to your application or after you are employed.

When processing this application, Downes Associates may request a criminal, police or credit background check about you. In addition to background checks, the company may contact past employers, supervisors and/or any other person listed in this application regarding the statements made herein and your suitability for employment. This inquiry may include information as to your general character, reputation and work-related characteristics. You have the right to make a written request to the Human Resources Department of this Organization to disclose to you the content of these reports.

Also note that should you become employed by Downes Associates, this Organization may use outside agents or representatives to perform investigations surrounding any claim of wrongdoing including sexual harassment, theft or fraud.

Polygraph Statement - Under Maryland law, an employer may not require or demand any applicant for employment to submit to or take a polygraph lie detector or similar test of examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor or offense and is subject to a fine not to exceed \$100.00.

Downes Associates requires a pre-employment drug screening.

By signing your name, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that any misrepresentations or omissions by you may be the cause for rejection of your application, or may be cause for subsequent dismissal if you are hired.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Internal Office Use**

**References**

Date \_\_\_\_\_ Organization \_\_\_\_\_ Contact \_\_\_\_\_

Information obtained or verified. \_\_\_\_\_

Date \_\_\_\_\_ Organization \_\_\_\_\_ Contact \_\_\_\_\_

Information obtained or verified. \_\_\_\_\_

Date \_\_\_\_\_ Organization \_\_\_\_\_ Contact \_\_\_\_\_

Information obtained or verified. \_\_\_\_\_

**Background Check Performed?**

Yes  No Date Performed \_\_\_\_\_

**Eligible for Hire?**

Yes  No Position / Title \_\_\_\_\_ Starting date \_\_\_\_\_