

Work History (for the last ten years)

(Note: If space is needed for more than 4 jobs, ask for another application. If you attaché a resume, you still *must* complete the entire application.)

Name of Present or Last Employer	May we contact your Present Employer? Yes No	
Address	From (Mo./Yr.)	To (Mo./Yr.)
Reason for Leaving	Starting Salary	Final Salary
Job Title and Duties	Supervisor	
	Phone	
Name of Present or Last Employer	May we contact your Present Employer? Yes No	
Address	From (Mo./Yr.)	To (Mo./Yr.)
Reason for Leaving	Starting Salary	Final Salary
Job Title and Duties	Supervisor	
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Reason for Leaving	Starting Salary	Final Salary
Job Title and Duties	Supervisor	
	Phone	

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT 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. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00. (I HAVE READ AND UNDERSTAND THE ABOVE)

DATE: _____ SIGNATURE: _____

CERTIFICATE AND AGREEMENT

I hereby affirm that all the statements and answers made in connection with this application are true and correct.

- I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.
- Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for issuing such information. I hereby waive any privilege I have as to such information.
- I authorize an inquiry be made on the information contained in this application if I am considered for employment.
- I understand that employment may be conditioned upon a favorable health evaluation.
- I further understand that this is an application for employment and that no employment contract has been offered.
- I understand that if employed, such employment is an indefinite period of time and that at any time wages, benefits and conditions can change.
- I authorize deductions from my wages in any amounts which may be due as a result of overpayment of wages, loss or destruction of property or any other amounts which I may lawfully owe, or for which I have received full consideration
- I have read and understand the above.

DATE: _____ SIGNATURE: _____