

Tri-County Council for Western Maryland, Inc. One Technology Drive, Suite 1000 Frostburg MD 21532

We are an Equal Opportunity Employer and in conjunction with applicable law, do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, or physical/mental disability.

APPLICATION FOR EMPLOYMENT

Name						Date			
Fir	st	Middle		Last					
Address	Street				City		State	Zip	
Phone number				email	•			•	
Position applying for				Full Time	Part Time	Temp	orary	Summer	
Salary Requirement				Have you ever be	en convicted	of a felony?	Yes	No	
Date Available				Date of Convictio	n				
Shift Available for Work:	Day	Evening	Night	If yes, please exp	olain				
Can you work weekends?	Yes N	lo							
Can you work holidays?	Yes N	lo		(Response to this	question is r	not necessarily	a bar to	employment)	
Have you previously been e		is organization?		Do you have the legal right to work in the United States? Yes No					No
Yes, When		-	No	(All individuals hired must provide documentation to comply with I9 Regulations					Regulations)
Manager's Name				Referral Source:	Adve	ertisement	Friend	I	Relative
Please explain reason for le	aving				Walk	ː-In	Emplo	yment Agcy	Other
					Mino	rity Organizati	on Referr	al	
Name of School			Loca	ation		Degre	ee	Course	
High School								Major/Minor	Subject
College or University (undergradua	ate)								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,								
Graduate									
Other (Apprentice/Business) Vocat	tional School								
				*If you c	did not gradua	ate indicate n	ımher of	credit hours co	mpleted
Scholastic record (average of	grade or points	s)	-	n you c	ala not gradat	ato, maioato m		ordan riodro od	mpiotod
School activities (athletics, s	tudent govern	ment, offices, con	nmittees, hono	rs, awards, etc.)					
Foreign Languages (List Flu	ant Only)	Dood	Mrita Ca						
Foreign Languages (List Flu Other Job Related Skills or E	• •	Read	Write Sp						
Other Job Related Skills of L	Dusiness Maci	illes Operateu _							
Professional Licenses / Cert	ificates								
Personal References (name	, address, pho	one, and nature of	relationship)						
1									
2									
3									
U.S. Veteran Yes	No	Dates of Servi	ice						
Rank									
Nature of Duty or Training _									

Work History (for the last ten years)

(Note: If space is needed for more than 4 jobs, ask for another application.) If you attach a resumé, 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	1			
	Phone				
Name of Recent Employer	May we contact this Employer?	Yes	No		
Address	From (Mo./Yr.)	To (Mo./Yr.)			
Reason for Leaving	Starting Salary	Final Salary			
Job Title and Duties	Supervisor	I			
	Phone				
Name of Recent Employer	May we contact this 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 Recent Employer	May we contact this Employer?	Yes	No		
Address	From (Mo./Yr.)	To (Mo./Yr.)			
Reason for Leaving	Starting Salary	Final Salary			
Job Title and Duties	Supervisor	l			
	Phone				
UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLIC TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A COND GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00. (I HA	DITION OF EMPLOYMENT. ANY EMPLO	OYER WHO VIOLATES TH			
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 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 for 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:	