



1114 Park Lane ~ Denton, MD 21629
 PH 410.364.9050 FAX 410.634.9318

OFFICE USE ONLY: Date received: Reviewed by:
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EMPLOYMENT APPLICATION

Please print or type all information requested except signature. Please complete all relevant sections.
 If you need additional space, please attach additional pages. Begin each continuation section with the section title.

SECTION ONE: A. IDENTIFICATION DATA Date _____

Name _____ Home Phone _____
Last Middle Initial First
 Home Address (Street & Number) _____ Business Phone _____
 (City, State & Zip Code) _____ Email Address _____
 How long at current address? _____ Social Security Number: _____
 Are you under age 18 YES NO. If "YES", can you provide proof of your eligibility to work? YES NO
 Position for which you are applying _____ Wage desired (be specific) _____
 Employment desired: FULL-TIME PART-TIME FULL OR PART-TIME
 Days/Hours available to work: NO PREFERENCE MON TUES WED THUR FRI
 When are you available to start work? _____

B. ELEGIBILITY

No.		Yes	No
1.	Are you authorized to work in the United States? Proof of eligibility will be required if hired. Please provide <u>two</u> forms of identification, i.e., driver's license, social security card, passport, birth certificate.		
2.	Have you ever been convicted of a violation of the law which is substantially related to the functions or qualifications of the job for which you are applying? (A conviction record will not necessarily disqualify you from employment. If yes, explain below number of convictions(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.		

SECTION TWO: EDUCATION, TRAINING AND SKILLS

Schools Attended	Name and Location of School	Graduated (Yes/No)	No. of Credits	Years Completed	Degree	Major
High School						
College						
Business or Trade School						
Professional School						

SECTION THREE: EMPLOYMENT HISTORY

List your work experience for **the past seven years**, including military service, beginning with your current or most recently held position. If you were self-employed, give firm name. If necessary, attach 8 1/2 by 11 sheets, beginning each continuation sheet by noting the section and/or block to be continued.

MAY WE CONTACT YOUR PRESENT EMPLOYER? ()YES ()NO

1. Current or Most Recent Position		List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:	Type of Employment	
Employer's Name and Address:			<input type="checkbox"/> Full Time Regular	<input type="checkbox"/> Part Time Regular
Immediate Supervisor's Name, Title and Phone No:			<input type="checkbox"/> Contractual	<input type="checkbox"/> Temporary
Reason for Leaving (be specific):			<input type="checkbox"/> Other Type of Employment (Specify)	
Average No. of Hours Worked Per Week:				
From: (Month, Day & Year)	To: (Month, Day & Year)	Pay or salary	If unemployed, please explain reason:	
____/____/____	____/____/____	Start:		
		Final:		
2. Former Position:		List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:	Type of Employment	
Employer's Name and Address:			<input type="checkbox"/> Full Time Regular	<input type="checkbox"/> Part Time Regular
Immediate Supervisor's Name, Title and Phone No:			<input type="checkbox"/> Contractual	<input type="checkbox"/> Temporary
Reason for Leaving (be specific):			<input type="checkbox"/> Other Type of Employment (Specify)	
Average No. Of Hours Worked Per Week:				
From: (Month, Day & Year)	To: (Month, Day & Year)	Pay or salary	If lapse of time between positions, please explain reason:	
____/____/____	____/____/____	Start:		
		Final:		
3. Former Position:		List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:	Type of Employment	
Employer's Name and Address:			<input type="checkbox"/> Full Time Regular	<input type="checkbox"/> Part Time Regular
Immediate Supervisor's Name, Title and Phone No:			<input type="checkbox"/> Contractual	<input type="checkbox"/> Temporary
Reason for Leaving (be specific):			<input type="checkbox"/> Other Type of Employment (Specify)	
Average No. of Hours Worked Per Week:				
From: (Month, Day & Year)	To: (Month, Day & Year)	Pay or salary	If lapse of time between positions, please explain reason:	
____/____/____	____/____/____	Start:		
		Final:		

4. Former Position:		List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:	Type of Employment	
Employer's Name and Address:			<input type="checkbox"/> Full Time Regular	<input type="checkbox"/> Part Time Regular
Immediate Supervisor's Name, Title and Phone No:			<input type="checkbox"/> Contractual	<input type="checkbox"/> Temporary
Reason for Leaving (be specific):			<input type="checkbox"/> Other (Specify)	
From: (Month, Day & Year)	To: (Month, Day & Year)	Pay or salary	Average No. of Hours Worked Per Week:	
____/____/____	____/____/____	Start:		
		Final:	If lapse of time between positions, please explain reason:	

SECTION FOUR: REFERENCES

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

SECTION FIVE: GENERAL INFORMATION

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

What is your means of transportation to work? _____

Driver's License Number _____ State of Issue _____ Exp. Date _____

OPERATOR COMMERCIAL (CDL) CHAFFEUR

Have you had any accidents during the past three years?

Have you had any moving violations during the past three years?

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES NO

Specialty _____ Date Entered _____ Discharge Date _____

Please use this space to elaborate on any background, experience, or qualification that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied ()YES ()NO. If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

NOTICE TO APPLICANTS

Under Maryland Law, an employer may not require or demand any applicant for employment or prospective employment or any employees 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 is subject to a fine not to exceed \$100.

SECTION SIX: APPLICATION FORM WAIVER

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

In exchange for the consideration of my job application by Shoreline Vinyl Systems, Inc., (hereinafter called "Shoreline Vinyl Systems"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Shoreline Vinyl Systems practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Shoreline Vinyl Systems, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered, except by a written instrument signed by the Owner/Managing Member of Shoreline Vinyl Systems. Both the undersigned and Shoreline Vinyl Systems may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Shoreline Vinyl Systems may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in the application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Shoreline Vinyl Systems permission to contact schools, all previous employers (unless otherwise indicated), references and others, and hereby release Shoreline Vinyl Systems from any liability as a result of such contact.

I understand that in connection with the routine processing of your employment application, Shoreline Vinyl Systems may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, Shoreline Vinyl Systems will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with Shoreline Vinyl Systems shall be probationary for a period of ninety (90) days and further, that at any time during the probationary period or thereafter, my employment relationship with Shoreline Vinyl Systems is terminable at will for any reason by either party.

Signature of Applicant _____ **Date:** _____



Shoreline Vinyl Systems, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Shoreline Vinyl Systems, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business



(Print Your Return Address Here)

Place Stamp or Franking Here

SHORELINE VINYL SYSTEMS 1114 PARK LANE DENTON, MD 21629
