

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

## PERSONAL INFORMATION

Date		Social Security Number	
Name			
Last	First	Middle	
Present Address		Street	City State Zip
Permanent Address		Street	City State Zip
Phone No.			
Referred By		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

## EDUCATION

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## GENERAL

Subjects of Special Study or Research Work
Job Related Skills (typing, driver's license, etc.)

**FORMER EMPLOYERS** List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES** List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

**"UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT 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 OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100."**

Date \_\_\_\_\_ Signature \_\_\_\_\_

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

**AUTHORIZATION**

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without case and without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

In Case of  
Emergency Notify

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY**

Interviewed By \_\_\_\_\_

Date \_\_\_\_\_

**REMARKS:** \_\_\_\_\_INS Form I-9 completed? ☐ Yes ☐ No

Hired \_\_\_\_\_

For Dept. \_\_\_\_\_

Position \_\_\_\_\_

Will Report \_\_\_\_\_

Salary  
Wages \_\_\_\_\_

Approved: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Employment Manager

Dept. Head

General Manager

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