

7525 Connelley Drive Suite T-U Hanover, MD 21076 410-787-8828 (phone) 410-787-8828 (fax)



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Application For Employment Applicants Tested for Illegal Drugs

			Date	:	
Please print. Provid	de all app	licable information.			
Name:					
Name:Last		First	Middle		Maiden
Marital Status:	\square Single	☐ Married	Sex:	☐ Male	☐ Female
Current Address:					
	Number	Street	City	St	ate Zip
How long at Address	S:				
Previous Address:	Number	G, ,	C'A	G.	7.
		Street	City		ate Zip
How Long at Addres	SS:	Social Security No.: _		Telephone	: (
Date of Birth:		Place of Birth: City/Sta	te:	Under 18,	List Age:
Position Applying For:				Salary Des	sired:
		pany before? ☐ Yes ☐			
,				<i></i>	
Vame(s) of friend(s)	or relative	e(s) who presently work	for this company.		
Name(s) of friend(s)	or relative	e(s) who presently work	for this company:		
Name(s) of friend(s) How many hours can			Can you work nig.	hts? □ Y	es □ No
	ı you worl				
How many hours can Employment Desired	n you work l:	k weekly?	Can you work nig	✓ □ F	ull- or Part-Tim
How many hours can Employment Desired	n you work l:	k weekly?	Can you work nig ☐ Part-Time Only Mon	✓ □ F	
How many hours can Employment Desired	n you worl d: to work:	weekly? Full-Time Only No. preference Thurs	Can you work nig ☐ Part-Time Only Mon	rues	ull- or Part-Tim Wed
How many hours can Employment Desired Days/Hrs. available t Have you ever been l	n you work d: to work: bonded?	weekly? Full-Time Only No. preference Thurs	Can you work nigi □ Part-Time Only Mon Fri S	rues	ull- or Part-Tim Wed
How many hours can Employment Desired Days/Hrs. available t Have you ever been t If yes, please explain	n you work to work: bonded?	weekly? □ Full-Time Only No. preference Thurs □ Yes □ No	Can you work nigi □ Part-Time Only Mon Fri S	rues	ull- or Part-Tim Wed
How many hours can Employment Desired Days/Hrs. available t Have you ever been l If yes, please explain Have you ever been a	n you work to work: bonded? currested?	weekly? □ Full-Time Only No. preference Thurs □ Yes □ No	Can you work nigi ☐ Part-Time Only Mon Fri S	☐ Fi	ull- or Part-Tim Wed
How many hours can Employment Desired Days/Hrs. available t Have you ever been to If yes, please explain Have you ever been a	n you work: to work: bonded? a: arrested?	weekly? □ Full-Time Only No. preference Thurs □ Yes □ No	Can you work nigi ☐ Part-Time Only Mon Fri S	☐ Fi	ull- or Part-Tim Wed
How many hours can Employment Desired Days/Hrs. available t Have you ever been t If yes, please explain Have you ever been a If yes, explain: Have you ever been a	n you work: to work: bonded? a: arrested?	weekly? □ Full-Time Only No. preference Thurs □ Yes □ No	Can you work nigi Part-Time Only Mon Fri No	Fues Sat	ull- or Part-Tim Wed Sun

Military Experience:	
your work schedule? ☐ Yes ☐ No If yes, explain:	ent, including the National Guard that w ould influence Are you a Special Disabled Veteran? Yes No
Specialty: Date Entere Are you a Vietnam Veteran? □ Yes □ No	
Driving Experience:	
Driver's License No.:	f Yes, List:
Have you had any accidents during the past three years Have you had any moving violations during the past th	
Height: Weight:	· · · · · · · · · · · · · · · · · · ·
	a nd or Concrete Visions to periodically check your
Signature:	Date:
Educational Experience:	
List last three (3) schools you attended, beginning with the most recent	
Type of School Name of School and Address Elementary:	Years Major or <u>Completed</u> <u>Degree</u>
High School:	
College:	
Business or Trade: Professional School:	
References:	
Please list two references other than relatives or previous employe	ers.
Name:	Name:
Address:	Address:
Telephone:	Telephone:

Work Experience:

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give the name of firm. Attach additional sheets if necessary.

Address:				
City, State, Zip Code: Phone Number:				
Supervisor:			_F .	
Employment Dates: From:				
Position/Job Title:				
May we contact your present emp	olover?	Zes □ No		
List jobs you held, duties perform	-		ancements o	r promotions.
				•
Name of Employer:				
Address:				
City, State, Zip Code:				
Phone Number:				
Supervisor:		Reason for Leaving:		
Supervisor: Employment Dates: From:	To:	Reason for Leaving:Salary		
Supervisor: Employment Dates: From:	To:	Reason for Leaving:Salary		
Supervisor: Employment Dates: From: Position/Job Title:	To:	Reason for Leaving: Salary:	Start:	Final: _
Supervisor: Employment Dates: From: Position/Job Title:	To:	Reason for Leaving: Salary:	Start:	Final: _
Supervisor: Employment Dates: From: Position/Job Title: List jobs you held, duties perform	To:	Reason for Leaving: Salary ed or learned, and advantage.	start:	Final:r promotions.
Supervisor: Employment Dates: From: Position/Job Title:	To:	Reason for Leaving: Salary ed or learned, and advantage.	start:	Final:r promotions.
Supervisor: Employment Dates: From: Position/Job Title: List jobs you held, duties perform	To:	Reason for Leaving: Salary ed or learned, and advantage.	ancements o	Final:r promotions.
Supervisor: Employment Dates: From: Position/Job Title: List jobs you held, duties perform Name of Employer:	To:	Reason for Leaving: Salary ed or learned, and advantage.	ancements o	Final:r promotions.
Supervisor: Employment Dates: From: Position/Job Title: List jobs you held, duties perform Name of Employer: Address:	To:	Reason for Leaving: Salary ed or learned, and advantage	ancements o	Final:
Supervisor: Employment Dates: From: Position/Job Title: List jobs you held, duties perform Name of Employer: Address: City, State, Zip Code:	To:	Reason for Leaving: Salary ed or learned, and advantage of the same state of	ancements o	Final:
Supervisor: Employment Dates: From: Position/Job Title: List jobs you held, duties perform Name of Employer: Address: City, State, Zip Code: Phone Number:	To:	Reason for Leaving: Salary: ed or learned, and advantage	ancements o	r promotions.
Supervisor: Employment Dates: From: Position/Job Title: List jobs you held, duties perform Name of Employer: Address: City, State, Zip Code:	To:	Reason for Leaving: Salary Sal	ancements o	r promotions.

Voluntary Information:	
The following voluntary information listed below shall serve no putransfer within the company.	ourpose in evaluating an employee's qualifications for promotion of
_	separated □ divorced □ Previous Married Name:
Name of Spouse:	
Spouse's Occupation:	Length of Employment:
Spouse's Place of Employment:	
Number of Dependents Including Yourself:	
Dependents: Name	Sex Date of Birth ☐ Male ☐ Female ☐ Male ☐ Female ☐ Male ☐ Female
Have you made provisions for child care? ☐ Yes	s □ No
National Origin/Race:	Religion:
Have you ever been affiliated with the communist party If yes, explain:	
Have you ever held office or been part of a union? If yes, explain:	□ Yes □ No
Have your wages ever been garnished? If yes, explain:	□ Yes □ No
General:	
List any foreign language(s) you speak and check your □ Speak some	☐ Speak fluently ☐ Read ☐ Write
□ Speak some	☐ Speak fluently ☐ Read ☐ Write
Signature	 Date

Emergency Contact Information: Contact 1: First Middle Address: ____ City State Zip Relationship: Home phone: (_________ Work Phone: (___)______ Contact 2: Last First Middle Address: ____ City Zip State Relationship: Work Phone: (___)______ Home phone: () ______ Doctor's Name: _____ Insurance Carrier: ______ Medical ID No.: Health/Medical History: Medication Taken and Allergies: By signing below, you are acknowledging that all information contain within this application is true. Signature: ____ Date:



P.O. Box 971 Bowie, MD 20718 Office (410) 787-8828 Fax (410) 787-8830



Gambrills, MD 21054 Office: 410-766-2210 Fax: 410-787-8830

Job Applicant Rating

Office Use Only:					
Applicant:					
Position:					
Company Position is for: ☐ G&M Services	☐ Concrete Visions				
Other Skills:					
Use the following scale to rate applicant's qualif					
(5) Excellent (4) Above Average (1) Unacceptable (0) Unobserved	ge (3) Fully Qualified (2) Below Average				
Education	Integrity				
Experience	Interpersonal Skills				
Attention to Detail	Learning Ability				
Cooperation	Stress Tolerance				
Initiative	Verbal Communication				
Overall:					
ExceptionalStrong _	Totally AcceptableWeakUnacceptable				
Recommendation:					
HireReject	Other:				