

**EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER**



IT IS THE POLICY OF RED RUN CORPORATION TO AFFORD EQUAL OPPORTUNITY FOR EMPLOYMENT TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE, MARITAL STATUS OR PHYSICAL OR MENTAL HANDICAP.

			Date
GENERAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME(S) WE WILL NEED TO KNOW TO VERIFY YOUR APPLICATION INFORMATION <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT NAME
PRESENT ADDRESS (NUMBER, STREET)		HOME PHONE NUMBER	WORK PHONE NUMBER
CITY, STATE, ZIP		SOCIAL SECURITY NUMBER	
ARE YOU RELATED TO ANYONE AT RED RUN CORPORATION (IF YES, STATE NAME AND DEPARTMENT) <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU A LAWFUL PERMANENT RESIDENT OF THE U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, ARE YOU LEGALLY PERMITTED TO WORK IN THIS COUNTRY <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU OVER 18 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY PHYSICAL CONDITION OR HANDICAP WHICH WOULD LIMIT YOUR ABILITY TO PERFORM THE JOB(S) APPLIED FOR <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, DESCRIBE SPECIFIC WORK LIMITATIONS YOU NEED NOT ANSWER THIS QUESTION	

EMPLOYMENT INFORMATION

POSITION APPLIED FOR	OTHER POSITIONS OF INTEREST	LOCATION PREFERENCE	WHAT HOURS ARE YOU AVAILABLE TO WORK?	
ARE YOU AVAILABLE TO WORK <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME	SALARY REQUIREMENT <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	DATE AVAILABLE	APPLIED PREVIOUSLY TO OUR COMPANY <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE AND WHEN
EVER WORKED FOR OUR COMPANY <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME	IF YES, WHERE		REASON FOR LEAVING	
CAN YOU TRAVEL IF JOB REQUIRES <input type="checkbox"/> YES <input type="checkbox"/> NO	IF JOB REQUIRES, DO YOU HAVE A VALID DRIVERS LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPLETE ONLY IF DRIVING IS A REQUIREMENT	LICENSE NUMBER	STATE ISSUING LICENSE

EDUCATION

SCHOOL NAME	ADDRESS (CITY, STATE, ZIP)	YEARS COMPLETED	DEGREE	MAJOR COURSE OF STUDY	GRADUATED
HIGH SCHOOL					<input type="checkbox"/> YES <input type="checkbox"/> NO
VOCATION / TECHNICAL					<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE					<input type="checkbox"/> YES <input type="checkbox"/> NO
GRADUATE / PROFESSIONAL					<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER					<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU CURRENTLY PURSUING FURTHER STUDIES <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT ARE YOU TAKING?			

SKILLS

HAVE YOU SUPERVISED EMPLOYEES <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHERE AND HOW MANY			
TYPING SPEED	SHORTHAND SPEED	USE DICTAPHONE <input type="checkbox"/> YES <input type="checkbox"/> NO	USE CASH REGISTER <input type="checkbox"/> YES <input type="checkbox"/> NO	USE ADDING MACHINES <input type="checkbox"/> YES <input type="checkbox"/> NO	USE KEYPUNCH <input type="checkbox"/> YES <input type="checkbox"/> NO
WAREHOUSE OR OTHER OFFICE MACHINES OR EQUIPMENT YOU CAN OPERATE					

REFERENCES

LIST THREE PERSONAL, PROFESSIONAL OR ACADEMIC REFERENCES WHOM WE MAY CONTACT. (NOT FORMER EMPLOYERS OR RELATIVES)				
NAME	ADDRESS	OCCUPATION	YEARS KNOWN	PHONE NUMBER

EMPLOYMENT (BEGINNING WITH THE MOST RECENT. INCLUDE SELF-EMPLOYMENT, MILITARY, SUMMER, PART-TIME)

COMPANY NAME		ADDRESS			
PHONE NUMBER	FROM) (MO / YR)	TO (MO / YR)	STARTING SALARY	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER
			<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
JOB TITLE	SUPERVISOR		REASON FOR LEAVING		
DESCRIBE WORK AND RESPONSIBILITIES					
COMPANY NAME		ADDRESS			
PHONE NUMBER	FROM) (MO / YR)	TO (MO / YR)	STARTING SALARY	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER
			<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
JOB TITLE	SUPERVISOR		REASON FOR LEAVING		
DESCRIBE WORK AND RESPONSIBILITIES					
COMPANY NAME		ADDRESS			
PHONE NUMBER	FROM) (MO / YR)	TO (MO / YR)	STARTING SALARY	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER
			<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
JOB TITLE	SUPERVISOR		REASON FOR LEAVING		
DESCRIBE WORK AND RESPONSIBILITIES					

<p>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 \$100.00</p>	
SIGNATURE	DATE

<p>EMPLOYMENT AGREEMENT</p> <p>I CERTIFY THAT THE INFORMATION I HAVE GIVEN IN MY APPLICATION AND INTERVIEW(S) IS TRUE AND COMPLETE AND THAT I HAVE NOT WITHHELD ANY FACTS WHICH MIGHT EFFECT MY APPLICATION. I AUTHORIZE THE INVESTIGATION OF ALL INFORMATION CONTAINED IN MY APPLICATION, STATEMENTS MADE DURING INTERVIEWS AND ANY OTHER INFORMATION PERTINENT TO MY EMPLOYMENT AND RELEASE FROM LIABILITY OR RESPONSIBILITY ALL PERSONS AND CORPORATIONS REQUESTING OR SUPPLYING SUCH INFORMATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACT IS SUFFICIENT CAUSE FOR REJECTION OF THIS APPLICATION OR DISCHARGE IF I AM LATER EMPLOYED. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THIS COMPANY AND UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANYTIME AT THE OPTION OF EITHER THE COMPANY OR MYSELF. ONCE A JOB OFFER IS EXTENDED, THE JOB OFFER IS CONTINGENT ON PROVIDING PROOF THAT I AM LEGALLY PERMITTED TO WORK IN THIS COUNTRY.</p>	
SIGNATURE	DATE