



## Employment Application

We are committed to a policy of Equal Employment Opportunity and will not discriminate against applicants or employees on the basis of race, age, color, religion, creed, sex, sexual orientation, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, gender identity and expression, or any other status protected by local, state, or federal law.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: **(H)** \_\_\_\_\_ Phone: **(C)** \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you authorized to work in the United States? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES NO Degree: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Are you currently employed? YES  NO

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**References**

Please list three **professional** references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Miscellaneous**

Have you ever filed an application with us before? \_\_\_\_\_ If yes, give date: \_\_\_\_\_

Do you have any friends or relatives work here? \_\_\_\_\_ If yes, who? \_\_\_\_\_

How did you learn about our company? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_

Summarize special job related skills and qualifications acquired from employment or other experiences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities relevant to the position you are applying for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any job-related training received in the United States Military: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Certifications, Licenses, Membership, and/or Offices in Professional or Civic Organizations:

*Exclude membership which would reveal race, age, color, religion, creed, sex, sexual orientation, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, gender identity and expression, disability or other protected status, or which would reveal trade union membership:*

\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, who shall we notify? \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Disclaimer and Signature

### Read Carefully Before Signing

I certify that the information contained on this application is correct. I understand that the misstatement or omission of information called for in this application will result in refusal to hire or, if hired, will result in immediate dismissal. I authorize the investigation of all statements contained in this application and authorize any of the persons or organizations referenced in this application to furnish Podiatry Associates any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release Podiatry Associates from any and all liability arising from its investigation into the statements made herein. In addition, I release all parties from whom Podiatry Associates may request information relating to the above statements from any liability or damages arising from their release of information to Podiatry Associates.

I acknowledge that this employment application does not create a contract of employment, express or implied. I also acknowledge that the position for which I am applying is "at will", which means that if I am offered the position and I accept the offer, my employment may be terminated at any time, for any reason or no reason, without notice. I further acknowledge that if I receive an offer of employment that it will be conditioned on my successful completion of a criminal background check and/or drug screen and/or alcohol screen.

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

**UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00.**

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