



Application for Employment

439 West Central Avenue
Davidsonville, MD 21035
410.798.4776

Please print legibly in ink. Answer all questions completely and accurately.

Today's Date _____ Social Security Number _____

Last Name _____ First Name _____ M.I. _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____

For reference checking purposes, please list any other names under which you have worked or obtained an education:

POSITION(S) YOU ARE APPLYING FOR: _____

Date You Can Start Working: _____ Salary Desired: _____

Available to work: Full-Time Part-Time Permanent
 Temporary (please explain) _____

How did you learn about this position? _____

Have you previously applied for work at Dogwood Acres? Yes No

If yes, when and for what position? _____

Has Dogwood Acres employed you in the past? Yes No

If yes, when and for what position? _____

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- Are you either a U.S. citizen or an alien who is authorized to work in the U.S.? Yes No
 - Are you 18 years of age or have a work permit? Yes No
(Employment at Dogwood Acres will be contingent on providing proof of citizenship and work authorization (work permit).)
 - Did you serve in the U.S. Armed Forces? Yes No
If yes, in what branch? _____

- Have you ever been convicted of a crime or been court marshaled? Yes No

If yes, please explain the nature and date of the offense(s) _____

- Can you perform the essential job functions with or without an accommodation? Yes No

If an accommodation is necessary, please explain limitation and needed accommodation.

All Applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, creed, marital status, ancestry, sexual orientation, or disability, or any other characteristic protected by applicable federal, state or local laws. Our company will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of the company. If you would like to request an accommodation, please speak with Audrey Reichardt.

EMPLOYMENT HISTORY - Please give accurate, complete full-time and part-time employment record.
Start with your present or most recent employer.

Company Name _____ Phone _____

Address _____

City, State, Zip _____

Name of Supervisor/Supervisor Title _____

Employed from _____ to _____ Annual/Weekly Pay: Start _____ Ending _____

State job title & briefly describe work duties _____

Reason for leaving _____

Company Name _____ Phone _____

Address _____

City, State, Zip _____

Name of Supervisor/Supervisor Title _____

Employed from _____ to _____ Annual/Weekly Pay: Start _____ Ending _____

State job title & briefly describe work duties _____

Reason for leaving _____

Company Name _____ Phone _____

Address _____

City, State, Zip _____

Name of Supervisor/Supervisor Title _____

Employed from _____ to _____ Annual/Weekly Pay: Start _____ Ending _____

State job title & briefly describe work duties _____

Reason for leaving _____

Company Name _____ Phone _____

Address _____

City, State, Zip _____

Name of Supervisor/Supervisor Title _____

Employed from _____ to _____ Annual/Weekly Pay: Start _____ Ending _____

State job title & briefly describe work duties _____

Reason for leaving _____

• Please account for unemployed time _____

• Have you ever been discharged or asked to resign from a position? Yes No

If yes, explain _____

EDUCATION

	Name of School/Address	Graduated
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade/Vocational		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS - Describe special skills and qualifications related to the position for which you are applying.

REFERENCES - Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. Any misstatement, omission, or misleading information in my application, resume or interview, or in connection with other company records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal.

I authorize investigation of all my statements contained in this application for employment.

I understand my offer of employment may be revoked if it is determined that I cannot perform the essential job functions of the position with or without a reasonable accommodation, or if providing a reasonable accommodation would impose an undue hardship on the company or if my employment would pose a direct threat of substantial harm to myself or others.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and can be discharged at any time with or without cause or notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by Kurt or Audrey Reichardt.

I understand, also, that I am required to abide by all the rules and regulations of the employer.

X Signature of Applicant

Date