

LEISURE WORLD OF MARYLAND CORPORATION

HR Form 100
03 Jan 05

APPLICATION FOR EMPLOYMENT

If all questions are not answered this application will not be considered.
PLEASE PRINT

NAME _____ TELEPHONE # _____

ADDRESS _____
Street City State Zip Code

Position _____ How did you hear about this position? _____

Are you a U.S. Citizen? _____ Or do you have legal right to work in the U.S.? _____

Salary Desired _____ Date available to begin _____ Are you over 18? _____

In some positions it may be necessary to work nights, weekends and holidays.

Do you have problems working any of these? _____ List which _____

Are you willing to work any shift assigned? _____ Do you object to overtime? _____

Is there any reason you might be unable to perform job related duties? _____

If yes, please explain _____

Have you ever applied to this company before? _____ Position _____

Have you ever been employed by this company? _____ Dates _____

Have you ever been convicted of a crime in an adult court? _____ If yes, explain _____

Do you object to a pre-employment physical? _____

If the job you are applying for requires driving a company vehicle, do you have a valid driver's license? _____

Do you have any contagious or communicable diseases which may endanger others? _____

Please list all schools you have attended which may be beneficial to the position applied for.

Name of school	Address	Major / Degree

Military Service – Branch _____ **Dates: Start** _____ **Discharge** _____

Please list your last four former employers. Begin with the most current. If employers are out of this area, please list addresses.

Employer		Dates of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate /Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Please list the requested information for three personal references. You must know the person for at least one year and you cannot be related.

Name Address Phone Business Years acquainted

Do you have any special skills, licenses or permits which may benefit you or the company in the position you have applied for? If yes, please describe:

PLEASE READ THE STATEMENTS BELOW CAREFULLY AND SIGN BOTH SIGNATURE BLOCKS.

I consent to take an employment physical examination and such future examinations as may be required by the Corporation.

I authorize the investigation of all statements contained in this application. I will not hold either the previous employer or the Leisure World of Maryland Corporation responsible for any reference given. I understand that misrepresentation or omission of facts requested is cause for dismissal. I further understand and agree that employment with the Leisure World of Maryland Corporation is for no definite period and may be terminated without any previous notice.

Signature

Date

Under Maryland State 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. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$500.

Signature

Date