

POTTS & CALLAHAN, INC.

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT CLEARLY & USE A PEN!

PERSONAL			
LAST NAME	FIRST NAME	MIDDLE	DATE:
STREET ADDRESS			HOME PHONE:
CITY, STATE, ZIP			CELL PHONE:
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? YES NO IF YES: MONTH & YEAR _____ LOCATION _____			SOCIAL SECURITY NUMBER:
HAVE YOU EVER BEEN EMPLOYED BY US? YES NO IF YES: MONTH & YEAR _____ DEPARTMENT _____ REASON FOR LEAVING _____			PAY EXPECTED:
POSITION DESIRED			WILL YOU WORK ANY SHIFT? YES NO
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO			WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?
OTHER SPECIAL TRAINING OR SKILLS (MACHINE OPERATION, PROFESSIONAL LICENSES, CERTIFICATES, AWARDS, ETC.)			
HOW DID YOU LEARN OF OUR ORGANIZATION?			

EDUCATION					
SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA RECEIVED
COLLEGE					
HIGH					
ELEMENTARY					
TECHNICAL OR OTHER					

MEMBERSHIP IN PROFESSIONAL OR CIVIL ORGANIZATIONS <small>(exclude those which may disclose your sex, race, color, religion, national origin, age, ancestry, disability, handicap or other potential status)</small>

CONDITIONS of EMPLOYMENT :

You will be subject to POTTIS & CALLAHAN, INC.'S Drug Free Work Place Policy.
 You will be required to have an observed Drug & Alcohol pre-employment test.
 You must have a Negative test result prior to employment.
 If there is any possibility of a positive test result withdraw your application now.

I have read and understand this section. Date: _____ Signature: _____

EMPLOYMENT HISTORY

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

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED (MONTH AND YEAR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB TITLE & DESCRIBE YOUR WORK	REASON FOR LEAVING

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED (MONTH AND YEAR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB TITLE & DESCRIBE YOUR WORK	REASON FOR LEAVING

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED (MONTH AND YEAR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB TITLE & DESCRIBE YOUR WORK	REASON FOR LEAVING

LIST ANY OTHER EXPERIENCE, WORK RELATED OR VOLUNTEER:

--

MISCELLANEOUS

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

Note: A conviction record will not necessarily bar you from employment.

IF YES, STATE THE CRIME AND DATE OF CONVICTION. YOU MAY OMIT INFORMATION REGARDING CONVICTIONS WHICH HAVE BEEN EXPUNGED.

DO YOU HAVE A DRIVER'S LICENSE? YES NO
DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? YES NO

CLASS _____ STATE _____

DATE OF BIRTH: _____

PLACE OF BIRTH: CITY _____ STATE _____

LIST THREE PERSONAL REFERENCES, OTHER THAN RELATIVES OR FORMER EMPLOYERS.

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
1.)			
2.)			
3.)			

SIGN HERE AND TWO LOCATIONS BELOW:

DATE _____ SIGNATURE _____

I certify that the information contained in this application is correct. I understand that the misrepresentation or omission of information called for in this application is cause for refusal to hire or, if hired, is cause for immediate dismissal when discovered. 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 Potts & Callahan, Inc. any and all information regarding 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 all such parties from any and all liability or damages that may result from their furnishing such information to Potts & Callahan, Inc. Further, I understand and agree that unless I am covered by a collective bargaining agreement, my employment is "at will" and for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without notice at the option of either Potts & Callahan, Inc. or myself. Further, I understand that no officer, agent, representative or employee of Potts & Callahan, Inc. has any authority to enter into any agreement for employment for any specified period of time or to make agreement contrary to that contained in the previous sentence. I also authorize Potts & Callahan, Inc. to deduct from my wages any amounts which may be due it as a result of overpayment of wages, loss or destruction of its property or any other amounts which I may lawfully owe Potts & Callahan, Inc., or for which I have received full consideration. In the event I become an employee of Potts & Callahan, Inc., I agree to comply with all rules and regulations and understand that the rules and regulations may be changed, interpreted, withdrawn or added to by Potts & Callahan, Inc. at any time at its sole option and without any prior notice and that I may be terminated or disciplined for any violations. I further understand that I will be on probation for the first ninety (90) days of my employment and the successful completion of the probationary period will not change the "at will" basis of employment.

DATE _____ SIGNATURE _____

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT 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.

DATE _____ SIGNATURE _____

THIS PAGE IS FOR EMPLOYER'S USE ONLY:

REFERENCE CHECKS

<i>EMPLOYER</i>	<i>PERSON CONTACTED</i>	<i>RESULTS</i>
1		
2		
3		
4		

INTERVIEWER'S COMMENTS:

INTERVIEWED BY: _____ **DATE:** _____

- **ASTROTH, SEROTTE, ROCKMAN & WESCOTT**