Company Name			Date			
Please Print Clearly	APPLICATI	ON FOR E	MPLOYMENT	Ī		
Please Answer A	II Questions. Résum	és Are Not A	Substitute For A C	ompleted Ap	plication.	
We are an equal opportunity uniformed servicemember st genetic information or any other	atus, race, color, re	eligion, sex,	national origin, a	ge, physical		
THIS COMPANY IS AN AT-W REGARDLESS OF ANY PROV EMPLOYMENT RELATIONSHIP	ISION IN THIS APPL	ICATION, IF	HIRED, THE COMI	PANY OR I N	MAY TERMII	
Position Applied For		(list	only one) Name			
Telephone Number ()	Alterna	ate/Cellular Te	lephone Number ()		
Present Address						
	Street, A	partment, or U	Jnit Number			
City		State	Zip			
How long have you lived there _	/Years	/Months Emai	I Address (optional)			
Desired Salary/Hourly Rate						
If under the age of 18, can you p				oloyment?	Yes □	No □
Type of employment desired?	Full-time	Part-time □] (Specify Hours) _			
Are you willing to work overtime	? Yes □ No □	Date on wh	ich you can start wo	rk if hired		
Have you previously applied for If Yes, when and where did you						
Have you ever been employed but If Yes, provide dates of employed			tion from employme	nt.		
If applicable, below list any other your work and educational record						confirm

Education	School Name and Lo (Address, City, St		Course of Study	Graduate? Y or N	# of Years Completed	Degree/Majo
High School						
College						
Bus./Tech./Trade or Post College						
lonors Received						
employer listed first. needed. If self-emplo a volunteer basis, into consideration from en	CE s of your present and/or Provide information for a byed, supply firm name ar ernships, or military servic aployment. Do not answe	at least the mand business researchers.	nost recent ten eferences. You e to completely	(10) year period may include any	d. Attach addi y verifiable worl	tional sheets if k performed on
Employer 						
Vame		A	Address		Type of B	Business
relephone ()	Dat	tes Employed	From		To	
lob Title		Duti	es			
Supervisor's Name		May	we contact?	Yes No If No	o, why not?	
Nages Start	Final	Reason for	Leaving			
What will this employer	say was the reason your em	ployment termi	nated?			
How much notice did yo	u give when resigning? If no	one, explain				
Employer						
Name			Address		Type of B	Business
Гelephone ()	Dat	tes Employed	From		To	
Job Title		Duti	es			
Supervisor's Name		May	we contact?	Yes ☐ No If No	o, why not?	
	Final		Leaving			
	say was the reason your em					
	u give when resigning? If no					
	erminated or asked to res t ever been terminated by	mutual agree	ement? Yes		now many times	s?

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co- worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.					
Applicant Signature	/////				
If the applicant is a minor, the foregoing release and consent must be significant's parent or legal guardian constitutes acknowledgement by the the extent permitted by federal, state, and local law, can test the appliproperty without notice, and communicate test results to Company personal guardian.	applicant and the parent or legal guardian that the Company, to icant for illegal or controlled substances, conduct inspections of				
Parent/Legal Guardian	Witness				
Date	Date				
UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIR PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THE POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES TO A FINE NOT EXCEEDING \$100. I have read and understand the ab	AT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT				

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Date

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

Applicant Signature ___

THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

©2012 Paychex, Inc 151508/154425 08/12