

Chesapeake Spice Company

Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available			Desired Salary				
Position Applied for						Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
What shift are you applying for?	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	Are you legally eligible for employment in the US?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you over the age of 18 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have relatives employed by CSC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reason for leaving?				

EDUCATION

	Name & Location of School	Course of Study	Last Year Completed	Did you Graduate?	Degree
High School			9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade/ Technical			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other special training, skills, experience or qualifications, including machines or equipment you can operate:

REFERENCES

Please list three professional references.

Name		Phone Number	
Company/Relationship		Years Known	
Full Name		Phone Number	
Company/Relationship		Years Known	
Full Name		Phone Number	
Company/Relationship		Years Known	

PREVIOUS EMPLOYMENT

Job Title		Employment Dates	
Company	Starting Salary \$	Ending Salary \$	
Address			
OK to contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	Supervisor		Phone
Responsibilities			
Reason for leaving			
Job Title		Employment Dates	
Company	Starting Salary \$	Ending Salary \$	
Address			
OK to contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	Supervisor		Phone
Responsibilities			
Reason for leaving			
Job Title		Employment Dates	
Company	Starting Salary \$	Ending Salary \$	
Address			
OK to contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	Supervisor		Phone
Responsibilities			
Reason for leaving			

DISCLAIMER AND SIGNATURE

The information I have provided in the Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in the application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a physical examination and substance abuse screening. I consent to the exam/screen and release of any or all medical information as may be deemed necessary to judge my capability to do the work for which i am applying. This application is not an employment agreement. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER THAT VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I fully understand and accept all terms and conditions in the above statements:

Signature

Date