

APPLICATION FOR EMPLOYMENT

Forward Visions, Inc.

2035 York Road

Lutherville, MD 21093-4229

Phone: 410-252-7171

Fax: 410-252-3031

PERSONAL INFORMATION

DATE: _____

NAME _____ **SOCIAL SECURITY #** _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PERMANENT ADDRESS _____

STREET CITY STATE

PHONE NO. _____ **REFERRED BY** _____ **DATE OF BIRTH** _____

EMPLOYMENT DESIRED

POSITION _____ **DATE YOU CAN START** _____ **SALARY DESIRED** _____

ARE YOU EMPLOYED? _____ **IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?** _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ **WHERE?** _____ **WHEN** _____

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

U.S. MILITARY OF NAVAL SERVICE _____ **RANK** _____ **PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES** _____

SPECIAL QUESTIONS
 DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OF DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT: _____ FEET _____ INCHES CITIZEN OF U.S.: _____ YES _____ NO

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? _____

WERE YOU EVER INJURED? GIVE DETAILS _____

DO YOU HAVE ANY DEFECTS IN HEARING? IN VISION? IN SPEECH? _____

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE NO.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	EMPLOYER'S PHONE NO.	SUPERVISOR'S NAME	SALARY	POSITION HELD	REASON FOR LEAVING
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						

REFERENCES:

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE SIGNATURE _____

INTERVIEWED BY DATE DO NOT WRITE BELOW THIS LINE _____

REMARKS: _____

HIRED FOR DEPT. POSITION WILL REPORT WAGES _____

APPROVED: 1. PROGRAM COORDINATOR 2. RESIDENTIAL DIRECTOR 3. EXECUTIVE DIRECTOR _____

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES. SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOTWITHSTANDING THESE EFFORTS, THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OR OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICAL LAWS MAY BE BASED.

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PERMISSION TO VERIFY RECORDS

I hereby give my permission to Forward Visions, Inc. to verify my educational, employment and military background as listed on the employment application.

I realize that falsification or omission of information will result in disqualification for the position or dismissal.

Signature

Date

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CONDITIONAL EMPLOYMENT AGREEMENT

_____ is being hired on a conditional basis, for the position
of _____, pending the receipt of a satisfactory criminal background check.
If the reference(s) are unsatisfactory, the Agency reserves the right to terminate employment.

Employee Signature

Date

Supervisor Signature

Date



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

SIGNATURE

DATE

(THIS STATEMENT MUST BE ATTACHED TO ALL EMPLOYMENT APPLICATION IN THE STATE OF MARYLAND)