APPLICATION FOR EMPLOYMENT
Forward Visions, Inc.
2035 York Road
Lutherville, MD 21093-4229
Phone: 410-252-7171    Fax: 410-252-3031

PERSONAL INFORMATION

NAME
LAST
FIRST
MIDDLE
SOCIAL SECURITY #

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)

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME &amp; ADDRESS OF EMPLOYER</th>
<th>EMPLOYER'S PHONE NO.</th>
<th>SUPERVISOR'S NAME</th>
<th>SALARY</th>
<th>POSITION HELD</th>
<th>REASON FOR LEAVING</th>
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REFERENCES:
GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

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<tr>
<th>NAME</th>
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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.
FORWARD VISIONS, INC.
2035 York Road
Lutherville, Maryland 21093-4229
410-252-7171
Fax: 410-252-3031

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
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)