



815 Chesapeake Drive  
Cambridge, MD 21613

# APPLICATION FOR EMPLOYMENT

Doc. No. 999-0160  
Effective Date: 12FEB20  
Rev. C

## 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					
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? 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?					

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

## EDUCATION

High School		Address			
Degree	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College		Address			
Degree	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Other		Address			
Degree	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

## REFERENCES

Please list three professional references.

Full Name		Relationship			
Company		Phone (     )			
Address					
Full Name		Relationship			
Company		Phone (     )			
Address					
Full Name		Relationship			
Company		Phone (     )			
Address					

**PREVIOUS EMPLOYMENT**

Company	Phone (    )
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?    YES     NO

Company	Phone (    )
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?    YES     NO

Company	Phone (    )
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?    YES     NO

Specialized Skills (Check skills and/or equipment operated)

<input type="checkbox"/> PC	<input type="checkbox"/> Fax	<input type="checkbox"/> Measuring Tools (calipers, etc.)
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Blueprint Reading
<input type="checkbox"/> Copier	<input type="checkbox"/> ERP Systems	<input type="checkbox"/> CNC Machines
<input type="checkbox"/> Scanner	<input type="checkbox"/> Manual Machines	<input type="checkbox"/> Welding

Production/Mobile Machinery:

  
  

Other:

Provide any additional information you think may be helpful to us in considering your application. Describe any specialized training, apprenticeship, skills or extra-curricular activities.

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**Emergency Contact Information**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone #: (\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_ (Cell)

**Emergency Contact Information**

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone #: (\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_ (Cell)

**In case of emergency are there any health conditions we should know about or that you would like us to share with the emergency personnel? (THIS SECTION IS OPTIONAL)**

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and agree that background inquires may be requested by LWRCI that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the associate may resign at any time and the employer may discharge the associate at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

**LWRCI IS A DRUG-FREE WORK PLACE. ALL NEW PERSONNEL MUST, AS A CONDITON OF EMPLOYMENT, SUBMIT TO A DRUG AND ALCOHOL TEST IN ACCORDANCE WITH OUR SUBSTANCE ABUSE POLICY. A POSITIVE RESULT WILL DISQUALIFY THE CANDIDATE FOR AN OFFER OF EMPLOYMENT.**

Signature

Date

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

**Arrange Interview    \_\_\_Yes                    \_\_\_No**

**Remarks:**

**Employed    \_\_\_Yes                    \_\_\_No**

**Date of Employment \_\_\_\_\_**

**Job Title \_\_\_\_\_**

**Hourly Rate \_\_\_\_\_**

**Department \_\_\_\_\_**

**Salary \_\_\_\_\_**

**By \_\_\_\_\_**

**Signature and Title**

**\_\_\_\_\_**

**Date**