

WEST END SERVICE, INC.

8600 Frederick Rd., PO Box 226
 Ellicott City, MD 21043
 410-465-4455 ** 410-465-5456(fax)

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer.
 We consider applicants for all positions without regard to
 race, color, religion, creed, national origin, age, disability,
 marital or veteran status, sexual orientation, or any other
 legally protected status.

Position Applying For:			Date of Application:		
Working Status: ___ Full Time ___ Part Time ___ Temporary ___ Other					
Start Date:			Salary Desired:		
Last Name:		First Name:		Middle Name:	
Address:	Number	Street	City	County	State Zip
Date of Birth: / /			Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed		
Telephone Number: () -			Social Security Number:		
Are you 18 years of age or older?			YES		NO
Are you currently employed? If yes, can we contact your present employer?					
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?					
Have you been convicted of a felony within the last 7 years? Conviction will not necessarily disqualify an applicant from employment If yes, please explain: _____					
Do you have any physical limitations that could prevent you from performing any work for which you are being considered? If yes, please explain: _____					
Have you ever applied for this company? If yes, give date:					
EDUCATION	NAME & LOCATION OF SCHOOL	NO OF YEARS	GRADUATE?	SUBJECTS	
GRAMMER					
HIGH SCHOOL					
COLLEGE					
TRADE/BUSINESS					
GENERAL: Subjects of Special Study or Research Work:					
US Military or Naval Service:		Rank:		National Guard/Reserves:	
In case of emergency, please provide name and phone number: _____					

EMPLOYMENT EXPERIENCE: (start with present or last job)

Date Employed From / To _____/_____ Salary (hr/wk/yr) _____	Employer Name: _____ Address: _____ _____ Phone#: _____ Job Title: _____	Work Performed: _____ _____ Reason for leaving: _____ _____
Date Employed From / To _____/_____ Salary (hr/wk/yr) _____	Employer Name: _____ Address: _____ _____ Phone#: _____ Job Title: _____	Work Performed: _____ _____ Reason for leaving: _____ _____
Date Employed From / To _____/_____ Salary (hr/wk/yr) _____	Employer Name: _____ Address: _____ _____ Phone#: _____ Job Title: _____	Work Performed: _____ _____ Reason for leaving: _____ _____

REFERENCES: (please list three references – not related to you – whom you have known for at least (1 year)

NAME	ADDRESS	YEARS ACQUAINTED

“ I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT IF HIRED, 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 PRIOR NOTICE. UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO A POLYGRAPH LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

SIGNATURE:

DATE:
