



## Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. NAME OF EMPLOYER:	STARTING POSITION:	ENDING POSITION:	
ADDRESS: _____ _____	<b>HOURLY WAGE OR ANNUAL SALARY</b>		
			STARTING
FROM - MO _____ YR _____			
TO - MO _____ YR _____	REASON FOR LEAVING		PHONE NUMBER
			( ) AREA CODE

2. NAME OF EMPLOYER:	STARTING POSITION:	ENDING POSITION:	
ADDRESS: _____ _____	<b>HOURLY WAGE OR ANNUAL SALARY</b>		
			STARTING
FROM - MO _____ YR _____			
TO - MO _____ YR _____	REASON FOR LEAVING		PHONE NUMBER
			( ) AREA CODE

3. NAME OF EMPLOYER:	STARTING POSITION:	ENDING POSITION:	
ADDRESS: _____ _____	<b>HOURLY WAGE OR ANNUAL SALARY</b>		
			STARTING
FROM - MO _____ YR _____			
TO - MO _____ YR _____	REASON FOR LEAVING		PHONE NUMBER
			( ) AREA CODE

May we contact the employers listed above?    Yes    No  
If no, please indicate whom we should contact below:

## References

Name/Relationship to Applicant	Address	Phone Number
1.		
2.		
3.		

## Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

## Additional Information

State any additional information you feel may be helpful to us in considering your application. In the space below, summarize special related skills & qualifications from employment of other experience.

Note to applicants: **DO NOT ANSWER THIS 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?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

Upon offer of employment, you may be required to submit to a physical exam that is paid for by Bob Porter Company, Inc.

*To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire, or upon your first work day if employment period will be less than three (3) days.*

## Applicant Statement

I hereby certify that all statements made in this application and in the pre-employment process are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application or in the pre-employment process may result in rejection of my application, or termination of employment. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

### Fair Credit Report Act

By this document, Bob Porter Company, Inc. discloses to you that an investigative consumer report containing information collected from previous employers, educational institutions, which you have attended, credit and/or police references, neighbors, and friends, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

Should an investigative consumer report be requested, you would have the right to demand a complete and accurate disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

I understand that if an employment relationship is established, my employment can be terminated at any time, with or without cause or notice, at the option of either Bob Porter Company, Inc. or myself. I further understand that nothing contained in this application or in any other oral communication or representation from Bob Porter Company, Inc. or any Bob Porter Company, Inc. representative made at any time constitutes a contract, guarantee, promise or any other binding obligation on Bob Porter Company, Inc.

Further, if granted a position with Bob Porter Company, Inc., I agree that I will keep all information about the company confidential, during and after my employment, nor will I compete with the company in any way, directly or indirectly, during the term of my employment. I further agree that material misrepresentation of any facts contained herein shall constitute grounds for my dismissal. In signing this form, I certify that I understand all the questions and statements in this application.

#### Attendance Policy:

Unexcused absences and tardiness will not be tolerated. A warning letter will be issued with your paycheck after each unexcused occurrence. Receipt of a third warning will be grounds for termination of employment. In order to avoid unexcused absences, you must notify the main office at 410-552-6210 by 7:00 a.m. and report the reason for your absence. Only legitimate excuses will be accepted.

Acknowledged: \_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

#### For Maryland Applicants Only:

**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 \$100.00.**

Acknowledged: \_\_\_\_\_

## Office Information

Applicant interviewed by:	Date:
Date to begin work:	Department:
Report to:	Rate of pay:
Authorized:	