

CLIENT \_\_\_\_\_

**As part of the application process, Administaff may conduct background checks on applicants.**

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to abide by all federal, state and local laws prohibiting employment discrimination solely on the basis of a person's race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition (including, but not limited to, cancer related or HIV related), marital status, sex, gender (including sex stereotyping), age, sexual orientation, military status, or any other protected status except where a reasonable, bona fide occupational qualification exists.

— PLEASE TYPE OR PRINT IN INK —			Today's Date	
Name			Social Security Number	
Address			How Long?	
City		County	State	Zip Code
Daytime Telephone (     )	Home Telephone (     )	E-mail Address		
Position for which you are applying				
Check the following options you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		If part time, specify hours or days		What is your minimum salary requirement?
Do you have any commitments to another employer that might affect your employment with us?			Date available for work	

**EDUCATION & TRAINING**

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job.

Professional License/ Certification #	Professional License/ Certification Type	Issuing Agency	State Issued	Expiration Date

List any machines, equipment or software programs on which you are qualified and experienced in operating.

List any languages that you speak fluently: \_\_\_\_\_ Read/write: \_\_\_\_\_

If you are applying for a position which involves driving a motor vehicle in the course and scope of the employment duties, please indicate whether you have a valid driver's license in this state.  Yes    No

Military Experience?  Yes    No   If Yes, what branch? \_\_\_\_\_ Rank at separation \_\_\_\_\_

**GENERAL INFORMATION**

Can you, after employment, submit verification of your legal right to work in the United States?  Yes    No

Are you 16 years old or over? If under 18, state age \_\_\_\_\_.  Yes    No

Were you previously employed by Administaff? If Yes, give dates  Yes    No

List any relatives working for Administaff: \_\_\_\_\_

Can you perform the essential functions of the job?  Yes    No



## EMPLOYMENT HISTORY

APPLICANT NAME \_\_\_\_\_

List all work experience beginning with the present or most recent job (use back of application, if necessary).

<b>MOST RECENT JOB HELD</b>	Name of Employer		Type of Business		
	Address		City	State      Zip Code	
	Dates Employed From (month/year) – To (month/year)			Title	
	Name and Title of Supervisor			Telephone Number (      )	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

<b>PREVIOUS EMPLOYMENT</b>	Name of Employer		Type of Business		
	Address		City	State      Zip Code	
	Dates Employed From (month/year) – To (month/year)			Title	
	Name and Title of Supervisor			Telephone Number (      )	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

<b>PREVIOUS EMPLOYMENT</b>	Name of Employer		Type of Business		
	Address		City	State      Zip Code	
	Dates Employed From (month/year) – To (month/year)			Title	
	Name and Title of Supervisor			Telephone Number (      )	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

<b>PREVIOUS EMPLOYMENT</b>	Name of Employer		Type of Business		
	Address		City	State      Zip Code	
	Dates Employed From (month/year) – To (month/year)			Title	
	Name and Title of Supervisor			Telephone Number (      )	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

**BUSINESS REFERENCES**

**APPLICANT NAME** \_\_\_\_\_

(List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION / ASSOCIATION	TELEPHONE
1.		(     )
2.		(     )
3.		(     )

**ADDITIONAL INFORMATION**

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

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**CRIMINAL RECORD INFORMATION**

**All Applicants:** Exclude any records expunged, annulled, sealed, or discharged under first-offender law.

**Massachusetts Applicants:** An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. The applicant may exclude a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. The applicant may exclude any convictions of misdemeanors which are more than five years old.

**California Applicants:** You may exclude misdemeanor marijuana convictions if such convictions are more than two years old and you may also exclude referrals to and participation in pre and post trial diversion programs.

**Hawaii Applicants:** Do NOT answer the criminal record questions.

Except as provided above, during the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.)  Yes  No

If Yes, explain:

Have you been convicted of a crime (exclude minor traffic cases; include DUIs)?  Yes  No  
 If yes, describe:

Are criminal charges now pending against you? CA applicants should only answer this question if you are currently out on bail or out on your own recognizance pending trial.  Yes  No  
 If yes, describe:

**AGREEMENT (Please read the following statement carefully.)**    **APPLICANT NAME** \_\_\_\_\_

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Administaff any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Administaff, from liability for any damage that may result from furnishing same to Administaff.

I understand that Administaff and its client have agreed that Administaff will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Administaff's workers' compensation insurance policy.

If employed by Administaff and its client company, I agree to abide by the policies and procedures of Administaff and its client company, which include Administaff's Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Administaff, the client company or myself. I further understand that no manager or representative of Administaff or its client company other than the president of Administaff has any authority to enter into any agreement, oral or written, on behalf of Administaff for a term of employment or to make any assurance or promise of continued employment.

I understand that Administaff and/or its client company may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Administaff as part of the pre-employment background investigation and if hired, at any time during my employment. California Applicants: I further understand that Administaff and/or its client company may obtain Public Records about me as part of an internal background investigation and that I may waive my right to receive a copy of such Public Records by checking this box:

**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.**

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Administaff for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature	Date
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