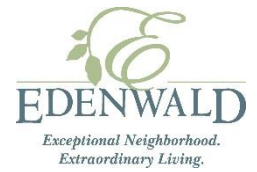


EMPLOYMENT APPLICATION EQUAL OPPORTUNITY EMPLOYER



DATE _____

Personal Information

NAME (LAST, FIRST, MI)			
ADDRESS	CITY	STATE	ZIP CODE
PHONE #		REFERRED BY	
ARE YOU RELATED TO OR IN A DATING RELATIONSHIP WITH A CURRENT EDENWALD EMPLOYEE OR RESIDENT?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Employment Desired

POSITION	DATE YOU CAN START	FULL OR PART-TIME?
ARE YOU OVER THE AGE OF 18?	IF NO, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK?	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?
WHAT SHIFTS CAN YOU WORK?	SALARY DESIRED?	

Educational History

	NAME & LOCATION	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
GRAD SCHOOL				
OTHER				

Certifications or Licensures

TYPE	ID NUMBER	ISSUED BY	ISSUE DATE	EXPIRE DATE

Special Knowledge, Skills, Experience or Training

EMPLOYMENT APPLICATION EQUAL OPPORTUNITY EMPLOYER



Former Employers (PHONE NUMBERS MUST BE INCLUDED.)

DATE MONTH & YEAR		NAME, LOCATION & PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM	TO				
FROM	TO				
FROM	TO				
FROM	TO				

References (GIVE BELOW THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	PHONE NUMBER	JOB TITLE/BUSINESS	YEARS KNOWN

MARYLAND POLYGRAPH NOTICE PURSUANT TO MD. CODE ANN., LAB & EMPLOY. § 3-702

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER THAT VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

APPLICANT SIGNATURE: _____ DATE: _____

Certification and Authorization

I hereby certify that the information and statements in this application are true, complete, and correct. I understand that any false statements, misrepresentations, or omission of facts in this application are sufficient cause to reject my application, rescind any offer of employment, and/or terminate my employment, regardless of the time of discovery.

I authorize Edenwald and/or its agents to investigate any statement contained in this application or my interview, and to contact my references, former employers, and educational institutions set forth in this application. I further authorize Edenwald to obtain from these individuals and entities any information in their possession regarding my employment history, educational history, or qualifications for the job for which I have applied. I release Edenwald and/or its agents and hold them harmless from any and all liability that may be related to or arise from such an inquiry.

I understand and acknowledge that any employment offered by Edenwald is employment at-will, meaning that either Edenwald or I can terminate my employment at any time, with or without notice, for any reason or for no reason. I further understand that the only manner in which my employment at-will relationship may be altered is by a writing signed by the President of Edenwald and that I may not rely on any statements or representations to the contrary made by any other individual or set forth in any other document.

I acknowledge and understand that nothing in this application, any subsequent offer letter, and/or Edenwald's policies, procedures, or summary plans descriptions creates a contract or contractual relationship between me and Edenwald.

APPLICANT SIGNATURE: _____ DATE: _____