

**EMPLOYMENT APPLICATION
EQUAL OPPORTUNITY EMPLOYER**



DATE _____

Personal Information

NAME (FIRST, LAST, MI)			
ADDRESS	CITY	STATE	ZIP
PHONE #			REFERRED BY
ARE YOU RELATED TO OR IN A DATING RELATIONSHIP WITH A CURRENT EDENWALD EMPLOYEE OR RESIDENT?			YES _____ NO _____
EMAIL ADDRESS (required)			

Employment Desired

POSITION		DATE YOU CAN START
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?		FULL OR PART TIME

Educational History

Name and 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

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Former Employers (PHONE NUMBER MUST BE INCLUDED)

DATE MONTH & YEAR		NAME, LOCATION & PHONE NUMBER OF EMPLOYER	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 statement, 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 education 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, education history, or qualifications for the job for which I have applied. I release Edenwald and/or its agent to 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 altered is by a writing signed by the President of Edenwald and that I may not rely on any statements or representatives 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, procedure, or summary plans descriptions creates a contract or contractual relationship between me and Edenwald.

APPLICANT SIGNATURE: _____ DATE: _____