



APPLICATION FOR EMPLOYMENT

In order to be given every consideration for employment, please complete this application in its entirety.

Name: _____
Last First Middle Maiden

Present Address: _____
No. Street City State Zip Code

Telephone # : () _____ () _____
Home Cellular

Position(s) applied for: _____

Rate of pay expected: \$ _____ per _____

Employment Desired: _____ Full-time Only _____ Part-time Only _____ Full-time or Part-time

If part-time, days and hours available for work: Mon ___-___ Tue ___-___ Wed ___-___ Thu ___-___ Fri ___-___

If your application is considered favorably, on what date will you be available for work? _____

Were you previously employed by us? _____ Yes _____ No

If yes, when and in what position? _____

Do you have a Commercial Driver's License (CDL)? _____ Yes _____ No

If yes, please list endorsements: _____
(Note: You must be 21 years of age or older to qualify for a driving position.)

Do you have a Driver's License? _____ Yes _____ No

Driver's License Number (if applying for driver position) : _____ State of Issue: _____ Expiration Date: _____

Have you had any accidents during the past three years? _____ Yes _____ No If yes, How many? _____

Have you had any moving violations during the past three years? _____ Yes _____ No If yes, How many? _____

Do you have a car available for your own use? _____ Yes _____ No

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, please explain: _____

Do you have any physical restrictions that would prevent you from performing specific kinds of work? _____ Yes _____ No

If yes, please describe how this limitation would impact your performance: _____

Persons to be notified in case of an emergency:

Name Address Phone Relationship

Name Address Phone Relationship

EMPLOYMENT HISTORY

Begin with your most recent position and include your entire work history. For additional space, use a separate sheet of paper.

A resume cannot be substituted for completing this information.

Date _____ / _____ / _____ To _____ / _____ / _____	Salary/Wage:	Start Rate _____ Per _____
Position Title _____		End Rate _____ Per _____
Employer/Firm _____	Description of Work _____	
Address _____	_____	
_____	_____	
Number of Hours worked per week _____	_____	
Supervisor _____	Reason for Leaving _____	
Phone _____	_____	

Date _____ / _____ / _____ To _____ / _____ / _____	Salary/Wage:	Start Rate _____ Per _____
Position Title _____		End Rate _____ Per _____
Employer/Firm _____	Description of Work _____	
Address _____	_____	
_____	_____	
Number of Hours worked per week _____	_____	
Supervisor _____	Reason for Leaving _____	
Phone _____	_____	

Date _____ / _____ / _____ To _____ / _____ / _____	Salary/Wage:	Start Rate _____ Per _____
Position Title _____		End Rate _____ Per _____
Employer/Firm _____	Description of Work _____	
Address _____	_____	
_____	_____	
Number of Hours worked per week _____	_____	
Supervisor _____	Reason for Leaving _____	
Phone _____	_____	

Date _____ / _____ / _____ To _____ / _____ / _____	Salary/Wage:	Start Rate _____ Per _____
Position Title _____		End Rate _____ Per _____
Employer/Firm _____	Description of Work _____	
Address _____	_____	
_____	_____	
Number of Hours worked per week _____	_____	
Supervisor _____	Reason for Leaving _____	
Phone _____	_____	

May we contact any of the employer(s) listed above? _____ Yes _____ No

If not, please indicate which ones(s) you do not wish us to contact. _____

RECORD OF EDUCATION

Omissions may result in application not being accepted.

Level of Education	Name of School or University	State	Field of Study	Type of Degree Or Highest Grade Completed	Dates of Attendance (From – To) Month/Year – Month/Year
High School or GED					-
					-
Business/Trade School					-
					-
College/University					-
					-
Professional School					-
					-
Other - Specify					-

CLERICAL/DATA ENTRY SKILLS

If you are applying for a clerical or data entry position, please provide the following information.
How many words/key strokes per minute do you type? : _____

Are you willing to be tested on your typing skills? ____ Yes ____ No

What computer skills do you have? Include proficiency using software and/or computer programs:

What other office machines can you operate? _____

CERTIFICATIONS AND LICENSES

ALL APPLICANTS MUST COMPLY WITH ALL LICENSING OR CERTIFICATION REQUIREMENTS FOR THE POSITION FOR WHICH THEY APPLY. VERIFICATION MUST BE SUBMITTED WITH THIS APPLICATION.

Type of License or Certificate	License/Certificate Number	Granted by	Expiration date

Briefly describe any additional qualifications or skills relevant to this position.

PERSONAL REFERENCES (Please list three references other than relatives or previous employers)

Name of Reference (Include Title, Position, Company if applicable)	Complete Address (Street, City, State, Zip)	Telephone Number	Nature of Relationship (Co-Worker, Minister, Teacher, etc.)	How long have you known this person?
		() -		
		() -		
		() -		

VOLUNTEER WORK

Have you served as a volunteer in an organization? If yes, please list organization, dates, type of work, and hours worked:

I HEREBY AFFIRM THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT

DATE

This application will remain on file for twelve (12) months. If you wish to update your application during this time or if you wish to reactivate your application after the twelve-month period, please contact SHORE UP! Inc. Personnel Department at 410-749-1142.

Please notify us of any change in name, address, or telephone number. Thank you.

SHORE UP! Inc.
520 Snow Hill Road
Salisbury, MD 21804

or

SHORE UP! Inc.
P.O. Box 430
Salisbury, MD 21803