



**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)

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

**VOLUNTEER WORK**

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

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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