



APPLICATION FOR EMPLOYMENT

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

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Position for which you are applying: _____

Rate of pay desired: \$ _____ hourly annually

Type of employment desired: Part-time Full-time Either

Days and hours available for work:

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					

Upon accepting an offer of employment, how much notice do you need to provide your current employer? _____

Have you previously been an employee of SHORE UP!, Inc.? Yes No

If yes, give job title : _____ approximate dates of employment: _____

Do you have a Commercial Drivers License (CDL)? Yes No

If yes, list endorsements: _____

Do you have a Drivers License? Yes No

If applying for driver position, provide license number: _____

State issuing license: _____ License Expiration Date: _____

Have you had any motor vehicle accidents in the last three years? Yes No If yes, how many? _____

Have you had any moving violations (tickets) in the last three years? Yes No If yes, how many? _____

Do you have a vehicle 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:

Person(s) to be notified in case of emergency:

Name	Address	Phone	Relationship

EMPLOYMENT HISTORY

Begin with your most recent position and include your work history. For additional space, use a separate sheet of paper. A resume cannot be substituted for completing this section.

Dates Employed: _____ to _____	Salary/Wage Starting Rate: \$ _____ per _____
Position Title: _____	Salary/Wage Ending Rate: \$ _____ per _____
Employer: _____	Description of Work: _____
Address: _____	_____
_____	_____
# Hours Worked per Week: _____	_____
Supervisor Name: _____	Reason for Leaving: _____
Phone: _____	_____

Dates Employed: _____ to _____	Salary/Wage Starting Rate: \$ _____ per _____
Position Title: _____	Salary/Wage Ending Rate: \$ _____ per _____
Employer: _____	Description of Work: _____
Address: _____	_____
_____	_____
# Hours Worked per Week: _____	_____
Supervisor Name: _____	Reason for Leaving: _____
Phone: _____	_____

Dates Employed: _____ to _____	Salary/Wage Starting Rate: \$ _____ per _____
Position Title: _____	Salary/Wage Ending Rate: \$ _____ per _____
Employer: _____	Description of Work: _____
Address: _____	_____
_____	_____
# Hours Worked per Week: _____	_____
Supervisor Name: _____	Reason for Leaving: _____
Phone: _____	_____

Are there any employers above that you do NOT want us to contact? Yes No
If so, who should we not contact? _____

EDUCATION

Level	School/Univ.	State	Field of Study	Type of Degree	Dates of Attendance
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 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 computer software programs:

What other office equipment can you operate? _____

CERTIFICATIONS AND LICENSES

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

Type of License/Certificate	License/Cert. Number	Received from	Expiration Date

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

PERSONAL REFERENCES

Please list three people whom we can contact for a reference. Do not list relatives or previous employers.

Name	Address	Phone Number	Relationship	#Years Known

VOLUNTEER WORK

Have you served as a volunteer at any business or organization? If yes, please list dates, type of work, and how many hours worked:

DECLARATION

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

PLEASE NOTE: Your application will remain on file for a period of 12 months (1 year). If you wish to update your application during this time or if you wish to reactivate your application after the 12 month period, please contact SHORE UP Human Resources at 410-749-1142.

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

RETURN COMPLETED APPLICATION AND DOCUMENTS TO:

Drop Off:

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

Mail:

SHORE UP!, Inc.
P O Box 430
Salisbury MD 21803-0430

Email

resumes@shoreup.org

Fax:

410-742-9191