



7525 Connelley Drive  
Suite T-U  
Hanover, MD 21076  
410-787-8828 (phone)  
410-787-8828 (fax)



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Hanover, MD 21076  
410-787-8828 (phone)  
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## Application For Employment Applicants Tested for Illegal Drugs

Date: \_\_\_\_\_

**Please print. Provide all applicable information.**

Name: \_\_\_\_\_

Last

First

Middle

Maiden

Marital Status:  Single  Married Sex:  Male  Female

Current Address: \_\_\_\_\_

Number

Street

City

State

Zip

How long at Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Number

Street

City

State

Zip

How Long at Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Place of Birth: City/State: \_\_\_\_\_ Under 18, List Age: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Have you worked for this company before?  Yes  No When can you start? \_\_\_\_\_

Name(s) of friend(s) or relative(s) who presently work for this company:

\_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Can you work nights?  Yes  No

Employment Desired:  Full-Time Only

Part-Time Only  Full- or Part-Time

Days/Hrs. available to work: No. preference \_\_\_\_\_

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_

Thurs. \_\_\_\_\_

Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Have you ever been bonded?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been arrested?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

# Application For Employment

## Military Experience:

Have you served in the military?  Yes  No Which Branch? \_\_\_\_\_  
Served From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Military Commitment: Do you have a military commitment, including the National Guard that would influence your work schedule?  Yes  No Are you a Special Disabled Veteran?  Yes  No  
If yes, explain: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
Are you a Vietnam Veteran?  Yes  No Are you a Disabled Veteran?  Yes  No

## Driving Experience:

Do you have a Driver's License?  Yes  No  Operator  Commercial (CDL)  Chauffeur  
Driver's License No.: \_\_\_\_\_ State of Issue: \_\_\_\_ Expiration Date: \_\_\_\_\_  
Driver's license restrictions?  Yes  No If Yes, List: \_\_\_\_\_  
What is your means of transportation to work? \_\_\_\_\_  
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? \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
By signing below, you authorize either G&M Services and or Concrete Visions to periodically check your driving record.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Educational Experience:

List last three (3) schools you attended, beginning with the most recent

<u>Type of School</u>	<u>Name of School and Address</u>	<u>Years Completed</u>	<u>Major or Degree</u>
Elementary:	_____	_____	_____
High School:	_____	_____	_____
College:	_____	_____	_____
Business or Trade:	_____	_____	_____
Professional School:	_____	_____	_____

## References:

Please list two references other than relatives or previous employers.

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____

# Application For Employment

## Work Experience:

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give the name of firm. Attach additional sheets if necessary.

**Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

May we contact your present employer?  Yes  No

List jobs you held, duties performed, skills used or learned, and advancements or promotions.

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**Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

List jobs you held, duties performed, skills used or learned, and advancements or promotions.

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**Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_

List jobs you held, duties performed, skills used or learned, and advancements or promotions.

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# Application For Employment

## Voluntary Information:

The following voluntary information listed below shall serve no purpose in evaluating an employee's qualifications for promotion or transfer within the company.

Marital Status:     single     married     separated     divorced  
 Maiden Name: \_\_\_\_\_     Previous Married Name: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

Number of Dependents Including Yourself: \_\_\_\_\_

Dependents:	<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>
	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____

Have you made provisions for child care?     Yes     No

National Origin/Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Have you ever been affiliated with the communist party?     Yes     No

If yes, explain: \_\_\_\_\_

Have you ever held office or been part of a union?     Yes     No

If yes, explain: \_\_\_\_\_

Have your wages ever been garnished?     Yes     No

If yes, explain: \_\_\_\_\_

## General:

List any foreign language(s) you speak and check your level of familiarity.

_____	<input type="checkbox"/> Speak some	<input type="checkbox"/> Speak fluently	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Speak some	<input type="checkbox"/> Speak fluently	<input type="checkbox"/> Read	<input type="checkbox"/> Write

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





P.O. Box 971  
Bowie, MD 20718  
Office (410) 787-8828  
Fax (410) 787-8830



P.O. Box 226  
Gambrills, MD 21054  
Office: 410-766-2210  
Fax: 410-787-8830

## Job Applicant Rating

### Office Use Only:

Applicant: \_\_\_\_\_

Position: \_\_\_\_\_

Company Position is for:     G&M Services                       Concrete Visions

Other Skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Use the following scale to rate applicant's qualifications:

(5) Excellent                      (4) Above Average                      (3) Fully Qualified                      (2) Below Average  
(1) Unacceptable                      (0) Unobserved

\_\_\_\_ Education

\_\_\_\_ Integrity

\_\_\_\_ Experience

\_\_\_\_ Interpersonal Skills

\_\_\_\_ Attention to Detail

\_\_\_\_ Learning Ability

\_\_\_\_ Cooperation

\_\_\_\_ Stress Tolerance

\_\_\_\_ Initiative

\_\_\_\_ Verbal Communication

Overall:

\_\_\_\_ Exceptional                      \_\_\_\_ Strong                      \_\_\_\_ Acceptable                      <sup>Totally</sup>\_\_\_\_ Weak                      \_\_\_\_ Unacceptable

Recommendation:

\_\_\_\_ Hire                      \_\_\_\_ Reject                      \_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_