



P.O. Box 1978 Salisbury, MD 21802.
Human Resources Fax: 410-749-0654

APPLICATION FOR EMPLOYMENT

DATE _____

PLEASE COMPLETE ALL QUESTIONS

Name: Last			First		Middle		Social Security Number		
Address: Number		Street		City		State		Zip Code	
								Home Phone:	
								Business Phone:	
Notify in case of emergency: Name			Address			Relationship		Phone	
How referred to TLC					Have you worked for TLC before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?				
Position(s) applying for:					Type of employment: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				
Date available:			Salary expected:			Hours preferred:			

PLEASE LIST ALL PREVIOUS EMPLOYMENT - LIST YOUR LAST EMPLOYER FIRST - ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT

EMPLOYER	TITLE & DUTIES	DATES EMPLOYED	SALARY
Name: Address: Phone: Supervisor's name/title:		From: / /	Start:
		To: / /	Final:
		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason for leaving:	
Name: Address: Phone: Supervisor's name/title:		From: / /	Start:
		To: / /	Final:
		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason for leaving:	
Name: Address: Phone: Supervisor's name/title:		From: / /	Start:
		To: / /	Final:
		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason for leaving:	
Name: Address: Phone: Supervisor's name/title:		From: / /	Start:
		To: / /	Final:
		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason for leaving:	

Professional Reference - Name _____ Address _____ Phn _____

Personal Reference - Name _____ Address _____ Phn _____

NAME & ADDRESS OF SCHOOL	DATES ATTENDED	HIGHEST GRADE COMPLETED	MAJOR	DIPLOMA or DEGREE
Grade School or High School				
College				
Graduate				
Vocational or Other Training				
Typing WPM _____ Shorthand WPM _____ Dictating Machine <input type="checkbox"/> Yes <input type="checkbox"/> No	Other skills or qualifications (Office machines, professional registration, certification or licensure)			
U.S. military Service	Date of Entrance	Date of discharge		
Describe your duties in the military				
Are you under 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. Citizen, give Visa class, number and expiration date:				
Do you have any physical limitations that limit or prevent you from performing certain kinds of work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list and describe specific work limitations:				
Have you ever been convicted for any reason other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain and give dates:				
Are you related to any TLC employee(s) by blood or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give their name(s):				

Please read the following:

- Under the Maryland law, an employer may not require or demand any applicant for employment or prospective employment or employee to submit to or take a polygraph, lie detector test or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.
- I certify that to the best of my knowledge, this information is true and I understand that any misrepresentation or willful omission of facts may be cause for immediate dismissal.
- I understand that this application will remain active for six months. I must renew this application after six months to be considered for any vacant positions.
- I consent to verification of my employment history and give permission to contact references listed.

SIGNATURE: _____ **Date:** _____

REMARKS – PERSONNEL OFFICE USE ONLY