

**Abilities Network
Employment Application**

As an equal opportunity employer, Abilities Network does not discriminate in hiring or terms and conditions of employment in violation of any law. Applicants who need reasonable accommodations to ensure equal opportunity in the application process should immediately inform the person who provided this form.

Personal Information

Name _____ Date _____

Address _____

Telephone Number _____ Social Security Number _____

If hired, can you furnish proof that you are 18 years of age or older? ___ Yes ___ No

Are you legally eligible for employment in the United States? ___ Yes ___ No

Position Desired _____ Salary Desired \$ _____

Date Available _____ Referred By _____

Experience - List below the names of your past four former employers, beginning with the most recent.

Employer's Name, Address & Telephone Number	Dates From/To	List Job Title and Primary Duties	Starting Salary	Ending Salary	Reason for Leaving	Name/Title of Immediate Supervisor

Indicate any of the above employers whom you **do not** wish us to contact _____ Reason _____

Education

Type of School	Name & Address of School	Major Course of Study	Number of Years Attended	Graduate? If so, list degree
High School				
College				
Other				

Business References

List Name, Occupation and Company	Address	Phone Number	Number of Years Known

List any other qualifications, skills, licenses or certifications applicable to the position for which you are applying.

List any office machines and/or computer programs you operate.

Please Read and Sign the Following Statements

As an applicant for employment with Abilities Network, I authorize Abilities Network and their respective agents to thoroughly investigate my work and personal history, criminal background, employment, education, military service, driving record, general public records history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools and organizations named therein to provide any information requested about me, and I release them from all liability for damage in providing this information. I understand that in the event I refuse to grant my permission for this verification to be completed, I may not be considered for employment.

I further understand that any offer of or continuation of employment may be contingent upon passing drug screening that may include alcohol testing and physical examination, and satisfactory completion of Bonding, Motor Vehicle Report Clearances, Reference Checks, Background Investigations and other inquiries as needed and I expressly authorize such acts. I understand that Federal Law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity, and failure to submit such proof will result in denial of employment.

The information I have provided on this application is accurate to the best of my knowledge and subject to validation by Abilities Network. I understand that any misrepresentation or deliberate omission of fact in my application may be justification for refusal, or if employed, termination of employment.

Signature _____ **Date** _____

I understand that Abilities Network follows an Employment-At-Will Policy, in that Abilities Network or I may terminate my employment at any time, for any reason consistent with applicable State or Federal Law. The Employment-At-Will Policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by a Principle of Abilities Network. I understand that this Application, Company Manuals, Employee Handbooks or Human Resources Guidelines and Practices will not constitute a contract of employment

Signature _____ **Date** _____

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR 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 \$100.00

Signature _____ **Date** _____
