

Employment Application

Employee Number: _____



8320 Sherwick Court
Jessup, MD 20794

Print in ink or type. The entire form must be completed; a resume will not substitute.

1.01. DATE OF APPLICATION: _____

APPLICANT INFORMATION

2.01. NAME:		2.02. SOCIAL SECURITY #	
2.03. MAILING ADDRESS:		CITY	STATE ZIP CODE
2.04. HOME PHONE:		2.05. WORK PHONE:	2.06. Personal Email:
2.07. ARE YOU 18 YEARS OR OLDER? YES NO		2.08. DO YOU HAVE A DRIVER'S LICENSE? YES NO	
<p>2.09. HAVE YOU, SINCE THE AGE OF 18 BEEN CONVICTED OF A FELONY? A conviction will not necessarily excluded you from employment. Each conviction will be judged on its own merits with respect to the time, circumstances and seriousness.</p> Yes _____ No _____			
<p>2.10. HAVE YOU SERVED IN THE MILITARY? Yes _____ No _____ Branch _____</p> IF YES, LIST DATES: From _____ To _____ HONORABLE DISCHARGE? Yes _____ No _____			

EMERGENCY INFORMATION

In case of an emergency notify:

3.01. NAME:		3.02. RELATIONSHIP:	
3.03. MAILING ADDRESS:			
3.04. HOME PHONE:		3.05. WORK PHONE:	

POSITION INFORMATION

4.01. POSITION APPLIED FOR:		4.02. START DATE:	
4.03. ARE YOU EMPLOYED NOW?		4.04. IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
4.05. HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?		4.06. IF SO WHEN?	4.07. IF SO WHERE?
4.08. HAVE YOU EVER EMPLOYED BY THIS COMPANY BEFORE?		4.09. IF SO WHEN?	4.10. IF SO WHERE?
4.11. ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THE POSITION APPLIED FOR IN 4.01 ABOVE WITH OUR WITHOUT REASONABLE ACCOMODATIONS? YES NO			

5.01. HOW DID YOU LEARN OF THIS OPENING? Place a check mark in the applicable sections:

Newspaper:	_____	Alliance Website:	_____
Internet Posting:	_____	Friend/Coworker:	_____
Personnel Office:	_____	Alliance Employee:	_____
Job Fair	_____	Walk In	_____
Other:	_____	Employment Agency	_____

EDUCATION INFORMATION

6.01. Highest level of education attained:

6.02. Note any non-degree education that is relevant to the position applied for:

WORK HISTORY

Describe experiences that are relevant to the job that is being applied for. List each job separately, even if with the same organization. Include unpaid and volunteer work related to the job applied for. List your average number of hours worked per week; part-time work is prorated on a 40-hour workweek. You must complete this section; a resume will not substitute. You may make additional copies to attach to your application if necessary.

7.01. Employer	7.02. City and State	7.03. Your Title	7.04. Supervisors Name and Phone Number
7.05. From (Month/Year)	7.06. To (Month/Year)	7.07. Gross monthly salary less OT	7.08. Reason for leaving:
7.09. MAJOR DUTIES (BE SPECIFIC)			7.10. Avg. hours per week
7.11. Employer	7.12. City and State	7.13. Your Title	7.14. Supervisors Name and Phone Number
7.15. From (Month/Year)	7.16. To (Month/Year)	7.17. Gross monthly salary less OT	7.18. Reason for leaving:
7.19. MAJOR DUTIES (BE SPECIFIC)			7.20. Avg. hours per week worked:
7.21. Employer	7.22. City and State	7.23. Your Title	7.24. Supervisors Name and Phone Number
7.25. From (Month/Year)	7.26. To (Month/Year)	7.27. Gross monthly salary less OT	7.28. Reason for leaving:
7.29. MAJOR DUTIES (BE SPECIFIC)			7.30. Avg. hours per week



2014

ALLIANCE MATERIAL HANDLING, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

8.01. Please describe any specialized training, apprenticeship, skills and extra-curricular activities that are relevant to the position applied for.

9.01. List any hobbies, interests or any other skills or honors which have a direct bearing on the job you are seeking. You are not required to list any information that might reveal your race, religion, sex or national origin.

REFERENCES

10.01. Name	10.02. Address	10.03. Phone #	10.04. Affiliation
10.05. Name	10.06. Address	10.07. Phone #	10.08. Affiliation
10.09. Name	10.10. Address	10.11. Phone #	10.12. Affiliation

SIGNATURE

I certify that all information given in this job application is true and complete to the best of my knowledge. I understand that any statement that is false, fraudulent or misleading may result in the rejection of my application, denial of employment, and dismissal.

I understand that this application is completed for the position or positions indicated on page 2 and that it will be necessary to reapply for other position as they become available. I also understand that this application is good only for sixty (60) days from today's date. If I still desire to be considered for a position with the company after this application expires, it will be my responsibility to complete a new application and file it with the company.

11.01.

SIGNATURE

DATE



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UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00.

12.01.

SIGNATURE

DATE

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REQUEST FOR BACKGROUND INFORMATION

Please Type or Print. Complete all Sections

Last Name First Name Maiden Name MI Date of Birth Social Security #

HOME ADDRESS FOR PAST 10 YEARS

Street Address	City	State	Zip	County	Mo	Yr	TO	Mo	Yr

ENTIRE EMPLOYMENT HISTORY (INCLUDE MILITARY)

Company Name	Full Address	Job Title	Supervisor	Mo	Yr	TO	Mo	Yr

EDUCATION (LIST MOST RECENT FIRST)

School Name	Address	City	State	Mo	Yr	TO	Mo	Yr

REFERENCES

Name	Address	Telephone	Occupation

In connection with this request, I authorize all corporations, companies, credit agencies, educational institutions, persons, courts, government, law enforcement agencies and former employers to release information they have about me, and responsibility from doing so.

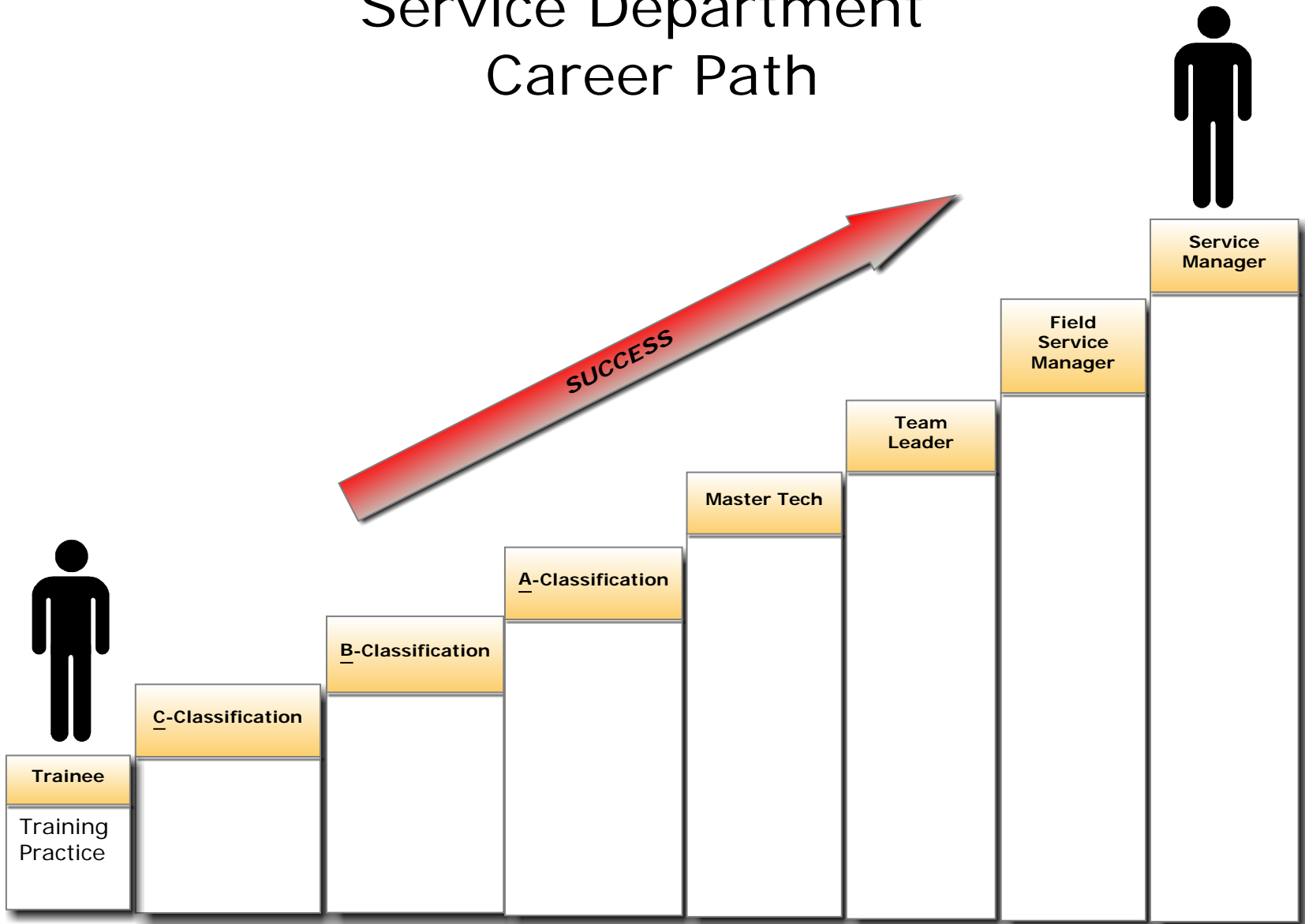
Alliance Material Handling, Inc.

Driver's License Number: _____ State of Issue: _____

Applicant's Signature

Date

Service Department Career Path



Service Department Structure

