



411 North Cranberry Road  
Westminster, MD 21157

# EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER – DRUG-FREE WORK ENVIRONMENT

**APPLICATION FOR:**

Position:	Date:
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**APPLICANT INFORMATION:**

Last Name:	First:	M.I.:	
Mailing Address:	City:	State:	Zip Code:
Home Phone: ( )	Daytime Phone: ( )	E-Mail:	
Are you legally eligible to work in the USA?	Are you under 18 years of age?	Yes	No
How did you learn about this position?	What languages do you speak and write fluently?		

**EMPLOYMENT DESIRED**

What type of work are you applying for?	Expected Pay: \$	Per:
When are you available to start working?	Full-Time	Part-Time
Are you available: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		

**PREVIOUS EMPLOYMENT**

Have you been previously employed by this company?	Yes	No	Dates:	Position:
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**RELATIVES EMPLOYED BY THIS COMPANY**

(Information used for internal use only)		
Name:	Department:	Position:

**MILITARY SERVICE**

Branch of Service:	Date of Discharge:	Date of Entry:
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**EDUCATION**

Circle highest grade completed: 8 9 10 11 12				GED	College 1 2 3 4	Grad Work? Yes No
School	Major	Degree Level				
High School						
College						
Graduate						
Other						

## EXPERIENCE

List all factory machines you can operate:
List all office equipment you can operate:
Special Licenses, certificates and/or other work experience:
List any level of manufacturing work you have done on suits, pants, coats, shirts, ties or any related product.

## WORK EXPERIENCE

Company Name:	Dates Employed (Mo/Day/Yr)  From: ___/___/___  To: ___/___/___  Average Hours Worked/Week: <hr style="border: 1px solid black;"/>	Job Title:
Address:		Duties:
Phone:		
Supervisor Name:		
Reason for Leaving:		
May we contact this employer:    YES   NO		

Company Name:	Dates Employed (Mo/Day/Yr)  From: ___/___/___  To: ___/___/___  Average Hours Worked/Week: <hr style="border: 1px solid black;"/>	Job Title:
Address:		Duties:
Phone:		
Supervisor Name:		
Reason for Leaving:		
May we contact this employer:    YES   NO		

Company Name:	Dates Employed (Mo/Day/Yr)  From: ___/___/___  To: ___/___/___  Average Hours Worked/Week: <hr style="border: 1px solid black;"/>	Job Title:
Address:		Duties:
Phone:		
Supervisor Name:		
Reason for Leaving:		
May we contact this employer:    YES   NO		

**WORK REFERENCES:**

Name:	
Address:/Email	
Phone Number: Work/Home	

**PERSONAL REFERENCES:**

Name:	
Address:	
Phone Number:	
Years Known:	

**ADDITIONAL INFORMATION:** You may include any comments that may show further qualifications for this position.

**APPLICANT'S CERTIFICATION AND AGREEMENT**

**“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 OR TAKE 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.”**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize English American Tailoring/IAG to verify their accuracy and to obtain reference information on my work performance. I hereby release English American Tailoring/IAG from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. I further understand and agree that neither the policies, rules, regulations of employment, nor anything said during the interview process, shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is on an At Will basis and for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature:

Date:

**Your application will remain active for 60 Days**