

APPLICATION FOR EMPLOYMENT

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, CREED, SEX, AGE, NATIONAL ORIGIN OR HANDICAP.

P E R S O N A L	Last Name First Name Middle Name			Date
	Street Address			Home Phone
	City	State	Zip Code	Email Address
	Position Desired			Business Phone
	Have you ever applied for employment with us? () Yes () No If yes, give Month and Year Month _____ Year _____			Pay Expected
	Apart from absence for religious observance, are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____ to _____			When will you be available to begin work?
	Are you legally eligible for employment in the United States			Will you work overtime if asked? () Yes () No
	Other special training or skills (languages, machine operation, etc.)			
	How did you learn of our organization?			
	What method of transportation will you use to get to work?			

E D U C A T I O N	School	Name and Location of School And Dates Attended	Course of Study	Years Completed	Did you Graduate	Degree or Diploma
	College				() Yes () No	
	High				() Yes () No	
	Elementary				() Yes () No	
	Other				() Yes () No	



1551 Florida Avenue
P.O. Box 477
Severn, Maryland 21144
410-551-6500

EMPLOYMENT

PLEASE GIVE ACCURATE COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH PRESENT OR MOST RECENT EMPLOYER

(1) Company Name	Telephone
Address	Employed (state Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

(2) Company Name	Telephone
Address	Employed (state Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

(3) Company Name	Telephone
Address	Employed (state Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

(4) Company Name	Telephone
Address	Employed (state Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate Those you do not want us to contact.	DO NOT CONTACT EMPLOYERS: (1) (2) (3) (4) Reason: _____ _____
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MILITARY

Complete this section only if you have served the U.S. Armed Forces

Branch of Service	Period of Active Duty (Month and Year) From _____ To _____
Rank at Discharge	Date of Final Discharge

Describe your duties and special training

DO NOT ANSWER ANY QUESTIONS IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information is needed for a legally permissible reason, including without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit, some of or all of, the above types of discrimination, as well as, some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

<input type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input checked="" type="checkbox"/>	Height ___ Ft ___ In.	Weight _____ Lbs
<input type="checkbox"/>	Date of Marriage Date of Birth	<input type="checkbox"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/>	What was your previous Address?	<input type="checkbox"/> <input type="checkbox"/>	How long at present address? How long at previous address?	
<input checked="" type="checkbox"/>	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.	<input checked="" type="checkbox"/>	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the name of your employer.			
<input checked="" type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes describe:			
<input checked="" type="checkbox"/>	State names of all relatives and friends working for Powercon.			

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.

Date: _____ Signature of Applicant: _____

Overtime may be required by me and as a condition of my employment, I will work such overtime when requested by my supervisor.

Signature of Applicant and Date

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. "This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Date: _____ Signature of Applicant _____

FOR EMPLOYER USE ONLY

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	(1)		
	(2)		
	(3)		
	(4)		

T E S T R E S U L T S	Test Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I W R E S U L T S	Interviewer Name and Comments

NAME:

(First)

(Middle)

(Last)

ADDRESS:

(Street)

(City)

(State)

(Zip Code)

(Phone Number)

If you have been convicted for violating any law, place an "X" in the "Yes" box below. A "Yes" will not necessarily disqualify you for employment consideration. Do not designate "Yes" for Traffic Violations. If you have not been convicted for violating any law, place an "X" in the "No" Box.

Yes

No

If you responded to the above with a "Yes" please explain convictions below:

I consent to Powercon Corporation seeking and obtaining information concerning my prior criminal convictions, and I give consent to the appropriate authorities to provide information concerning my prior criminal convictions to BALTIMORE SECURITY SYSTEMS, INC.

I understand and agree that any omission, false or misleading statement or answer made by me on my application or any supplements to it or in any interview(s), will be sufficient grounds for rejection of employment, and my discharge after employment. I acknowledge that if employed I am required to abide by all rules and regulations of the company, which I have read and fully understand.

I hereby consent and authorize POWERCON CORPORATION or its designated representative to investigate my education, employment, financial history, personal character, workmen's compensation claims etc., as they may deem appropriate in arriving at any employment decision. I give consent to my previous educators, employers and references to provide education, job-related information and personal character information, etc., concerning me to BALTIMORE SECURITY SYSTEMS, INC.

My signature below indicates that I have read, understood and agreed to the above statements.

(Signature)

(Date)

Former Military Background

I hereby authorize the NATIONAL PERSONNEL RECORDS CENTER, St Louis, MO or other custodians of my military record to release to the above named or its designated representative information or photocopies from my military personnel and related medical records, or only the following military information/records.

This could include a photocopy of my DD form 214, Report of Separation.

(Signature -- if Former Military)

(Date)

NOTE: You have the right to make a written request, within a reasonable period of time, for complete disclosure of additional information concerning the nature and scope of the investigation.



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SEVERN, MARYLAND 21144
ISO 9001 REGISTERED

TO ALL JOB APPLICANTS

Pre-employment Physical Policy

All offers of employment are contingent **upon passing a Pre-employment physical**. The cost of the physical is paid by Powercon Corporation.

However, should you resign or are terminated prior to completing 30 thirty days of employment with Powercon Corporation, you will be responsible for the cost of the physical. Reimbursement for the physical will be deducted from your weekly earnings.

Safety Boots Reimbursement Policy

Employees will receive a **one-time reimbursement up to \$75.00** for the purchase of safety boots after completing 30 days of employment. *The safety boots must be "steel toe" per Powercon's policy.* Compensation for the safety boots will be paid to you through direct deposit as a **negative deduction** on your paycheck. The negative deduction will add the amount of the reimbursement to your net pay.

Example:

	Current Period	YTD
Deductions		
Boot Rmb	-50.00	-50.00

Please sign below to acknowledge and consent to the terms of the these polices.

Signature: _____

Date: _____