

Record of Education:

School Name	Address	Course of Study	Completed	Awarded Diploma
High School			1 / 2 / 3 / 4 GED	
College				
College				
Technical				
Professional				

Personal References: (Other than relatives or past employers)

Name	Address	Telephone	Occupation How long you have known him/her?

List relatives that are currently working for the SMCN, inc. _____

Summarize all other experience here. Describe your skills and your ability to apply them to the job(s) you are applying for:

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, certify that the information contained in this application or in support thereof is and will be true and complete to the best of my knowledge. I understand that any misrepresentations or omissions may be cause for rejection, or, if employed, may be grounds for dismissal. I hereby authorize any former employer, person, firm, corporation, or government agency to answer any and all questions and to release or provide any information within their knowledge or records and I agree to hold any or all of them blameless and free of any liability for releasing any information that is within their knowledge or records. SMCN, Inc is hereby authorized to release to any other firm or person with whom I may seek employment, any and all information concerning my employment or application. I understand that any offer of employment will be conditional upon the passing of a health assessment, a drug/alcohol test and a criminal background check. In the event of my employment with SMCN, Inc, I will comply with all rules, regulations, and policies set forth in SMCN, Inc's policy manual or other communications distributed by the SMCN, Inc. I understand that nothing in this employment application, in SMCN, Inc's policy statements or personnel guidelines, or in my communications with any SMCN, Inc officials is intended to create or constitute an employment contract between SMCN, Inc and me. I hereby acknowledge that I have read and understand the preceding statements.

Date: _____

Signature: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER - A COPY OF THIS APPLICATION IS AVAILABLE TO YOU ON REQUEST.

APPLICANTS - DO NOT WRITE BELOW THIS LINE

Department Comments:

DO NOT WRITE IN THIS BOX. OFFICIAL USE ONLY

Position applied for: Available Not available

Other positions considered for: _____

Date acknowledgement postcard was sent: _____

Hired: Yes No

If yes, date of hire: _____ **Position:** _____ **Department:** _____

If no, date thank you letter was sent: _____

Notes:
