

EMPLOYMENT APPLICATION

First Finish, Inc. is an EQUAL OPPORTUNITY EMPLOYER. It is our policy to consider all applicants equally, without regard to a person's race, color, creed, national origin, religion, age, sex, marital status, physical or mental disability, or any other basis prohibited by applicable Federal, State or local laws.

PLEASE TYPE OR PRINT IN INK.

Today's Date: _____

Name _____

Address _____

City _____ State/Zip _____

Day Phone _____ Home Phone _____

Position for which you are applying: _____

What is your minimum salary requirement? _____ Date available for work _____

Do you have any commitments to another employer that might affect your employment with us? _____

EDUCATION AND TRAINING

	School Name	City and State	Degree/ Major Course of Study	Degree Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job:

List any machines, equipment, or software programs on which you are qualified and experienced in operating:

List any languages that you fluently speak. _____ Read/write: _____

Do you have a valid driver's license? Yes No

Willingness to travel: <10% 10-25% 25-50% >50%

Current DOD Clearance: Yes No or Past Clearances: Yes No Type: _____

GENERAL INFORMATION

Are you presently eligible to lawfully accept employment in the U.S.? Yes No

Are you 16 years or over? Yes No If under 18, state age: _____

During the last ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of over \$500, or a felony? (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements.) Yes No

If yes, explain:

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application if necessary).

Name of Employer	Type of Business
Address	City
Dates Employed (From – To)	Title
Name and Title of Supervisor	Telephone Number
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Employment <input type="checkbox"/> Part time <input type="checkbox"/> Full time
Brief Description of Duties	
Reason for Leaving	Last Salary

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Name of Employer

Type of Business

Address

City

Dates Employed (From – To)

Title

Name and Title of Supervisor

Telephone Number

May we Contact? Yes No

Was Employment Part time Full time

Brief Description of Duties

Reason for Leaving

Last Salary

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years)

NAME

OCCUPATION/ASSOCIATION

PHONE NUMBER

1. _____

2. _____

3. _____

Person to be notified in case of emergency:

Name _____ Telephone _____

Address _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (you may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF 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.

Agreement (Please read the following statement carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give First Finish, Inc. any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and First Finish, Inc., from liability for any damage that may result from furnishing same to First Finish, Inc.

I understand that First Finish, Inc. will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under First Finish, Inc.'s workers' compensation insurance policy.

If employed by First Finish, Inc., I agree to abide by the policies and procedures of First Finish, Inc. I further understand that, if hired, my employment with the company is for no definite period and can be terminated, with or without cause or notice, at any time, at the discretion of First Finish, Inc. or myself.

Applicant Signature _____ Date _____

Consent to Background Investigation

I understand that First Finish, Inc. requires, as a condition of employment, that a background check be conducted for each applicant. This background check will search public records and credit reports. In order to ensure positive identification, law enforcement agencies and other agencies conducting such checks require the information set forth below when checking available records.

I understand the purpose for First Finish Inc.'s background investigation, and I consent to this check. I also understand that the background check will only be used in connection with any employment with First Finish, Inc. and not for any other purpose and that the results shall be kept confidential by the Company.

I hereby release First Finish, Inc. and its testing and screening agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Name (please print clearly) _____

Signature _____ Date _____

Consent for Release of Driving Record

I understand that all applicants and current employees of First Finish Inc. who may operate any motor vehicle as part of their regular job duties, are required to authorize the release of a copy of their motor vehicle record to the Company. This requirement includes not only pre-hire checks, but also periodic checks of the Motor Vehicle Administration records for all current employees holding such positions.

I also understand that employees who operate Company-owned vehicles or who are authorized to utilize their own vehicle in furtherance of Company business are required to notify the Company of any driving infractions or any change to their license which may affect their ability to operate Company-owned vehicles, and/or utilize their own vehicle in the course of company business.

I further understand the purpose for First Finish Inc.'s review of my motor vehicle records, and I, accordingly, consent to this release of my Motor Vehicle records for this purpose. I also understand that the background check will only be used in connection with any employment with First Finish, Inc. and not for any other purpose and that the results shall be kept confidential by the Company.

I hereby release First Finish, Inc. and its agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned records.

Name (please print clearly) _____

Signature _____ Date _____