

APPLICATION FOR EMPLOYMENT

PERSONAL INFORM	IATION				
DATE	SOCIAL SECURITY NUMBER			CITIZEN OF U.S.A. $_$ YES \square NO \square	
Name					
Last	Firs	st	Middl	Middle	
Present Address					
	Street	City	State	Zip	
How Long		Telepho	ne <u>()</u>		
Nan Emergency Contacts Telep	ne phone	Name Telephone			
If Related To Anyone In ou State Name and Departmen	ır Employ, ıt		Referred By		
	eas of guilty to, been convicted of, or fo pecify offense, date and court.				
5	sportation to work?				
What is your means of trans Driver's license number	sportation to work?		Commercial (CDL)		
What is your means of trans Driver's license number Expiration date Have you had any accidents	sportation to work?	□Operator How ma		∃Chauffeur	
Driver's license number Expiration date Have you had any accidents Have you had any moving	sportation to work?State of issues during the past three years?	□Operator How ma How ma	□Commercial (CDL) □	∃Chauffeur	
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EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
High School				
College				
Bus or Trade School				
Professional School				

Subjects of Special Study or Research Work _____

EMPLOYMENT HISTORY

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving

Describe additional job related experiences, special skills, and training acquired which would be helpful in assessing your qualifications for employment consideration.

REFERENCES: Give Below the Names of Three Persons Not Related to You, Whom You Have Known At Least One Year

Name/Phone Number	Address	Occupation	Years Acquainted

MARYLAND LAW REQUIRES ALL APPLICANTS TO ACKNOWLEGE THE FOLLOWING:

"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 acknowledge I have read and understand the above statement:

Date _____ Signature _____

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by <u>Tele-Plus Corporation</u> (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the Company, may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that my driving record is required and reviewed. Information is shared with the company's insurance company for insurance purposes. Violations affect your driving privileges and/or employment with the company.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of one hundred eighty (180) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant

Date:		

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.