

Abrams, Foster, Nole & Williams, P.A.
 2 Hamill Road, West Quadrangle, Suite 241
 Baltimore, Maryland 21210-1886
 (410) 433-6830

EMPLOYMENT APPLICATION

Position Applied For:	Type of Employment:Desired: Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Date:
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Name of Applicant (please indicate how you wish to be addressed):
 Last Name: _____ First Name: _____ Initial(s): _____

Address: (Street, City, State, and Zip Code) _____

Social Security Number:	Home Phone:	Business Phone:
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Previous Address in the United States: _____

Some positions in the company require that staff be bonded.

Are you bondable? YES NO
 Have you ever been bonded? YES NO

Are you legally entitled to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you willing to relocate? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Do you have a valid driver's licence? YES NO Class: _____ Restrictions: _____

Secondary School attended and location:	Highest grade successfully completed:	Year Graduated:
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University/college attended and location:	No. of years	Year Graduated	Degrees
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Major subjects of study: _____

Other college attended and location:	No. of years	Year Graduated	Degrees
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Major subjects of study: _____

Other Educational Training/Courses: _____

Skill/Aptitude	Years of experience	Words per minute	List secretarial training courses completed and any other training which may be helpful in considering your application.
Typing			
Shorthand			

Employment History (List present or most recent positions first)

1. Name of Employer:		Address: (Street, City, State, and Zip Code)	
Type of Business:	Department:	Your Position/Title:	

Duties:

Name and Position of Immediate Supervisor:

Date Hired:	Date Left:	Starting Salary:	Final Salary:
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Reason for leaving:

2. Name of Employer:		Address: (Street, City, State, and Zip Code)	
Type of Business:	Department:	Your Position/Title:	

Duties:

Name and Position of Immediate Supervisor:

Date Hired:	Date Left:	Starting Salary:	Final Salary:
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Reason for leaving:

3. Name of Employer:		Address: (Street, City, State, and Zip Code)	
Type of Business:	Department:	Your Position/Title:	

Duties:

Name and Position of Immediate Supervisor:

Date Hired:	Date Left:	Starting Salary:	Final Salary:
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Reason for leaving:

MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE? YES NO

References (Other than relatives or former employers)

Name	Occupation	Phone Number

List the name(s) of any person(s) you know in the company to which you are applying:

Scholarships or grants:

Interests/Activities (Student, Professional, Community, etc.):

Publications, patents and thesis subjects:

Languages (indicate whether spoken, written, or read). Note fluency.

Other interests or hobbies:

Special talents:

Medical Examination: Do you agree to take a medical exam at company expense related to the essential requirements of the position you are applying for? YES NO

Thank you for your interest in seeking employment with us - please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

Your Additional Remarks:

Please Read Carefully

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in this application are true and correct.

If employed, I agree that all material created and produced whether in written, graphic or broadcast form, all inventions new or changes in processes developed during my employment are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

Date

Applicant Signature