

75 Speicher Drive  
Accident, MD 21520  
Phone: 301-746-8118  
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E-mail: info@phenixtech.com

## Application for Employment



Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last, First, Middle)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street)

\_\_\_\_\_ Social Security # \_\_\_\_\_  
(City, State, Zip) (optional)

Referred to PHENIX by \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(optional)

Full Time Employment Date you can start \_\_\_\_\_  
 Part Time Employment If part time, specify time and days available \_\_\_\_\_

Position Desired \_\_\_\_\_

Are you employed?  Yes  No If so, where \_\_\_\_\_

Have you been previously with any company affiliated with PHENIX?  Yes  No  
If yes, where? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, describe \_\_\_\_\_

If you are not a citizen of the United States, do you have a permit to work here?  Yes  No

Person to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

### Employment History

#### Current

Company \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Summarize nature of work performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

#### Previous

Company \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Summarize nature of work performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

#### Previous

Company \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Summarize nature of work performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

### Education

Check the highest level of education completed  1  2  3  4  5  6  7  8  9  10  11  12

College  1  2  3  4  5  6

High School	_____	_____
	(Name and Location)	# of years or certificate
College	_____	_____
	(Name and Location)	Degree or Certificate
Vocational School	_____	_____
	(Name and Location)	Degree or Certificate
Other	_____	_____
	(Name and Location)	Degree or Certificate

Check the equipment you can operate  Computer  Switchboard  Typewriter (speed) \_\_\_\_\_

Painting  Machine Shop  Sheetmetal  Wiring  Welder

Are there any other skills, qualifications or experiences which you feel would help us in selecting you for employment with the company? (For Example: Carpenter, Electrician, Management, Accounting) \_\_\_\_\_

### Medical History

Do you have any physical, mental, or medical impairments that would prevent or interfere with performance of any work you are seeking?

Yes  No If yes, describe impairments and specific work limitations \_\_\_\_\_

I agree to undergo a physical examination if requested by the employer which I must successfully pass before finally accepted for employment and also agree that in the event I shall be employed by the company, I will agree to further physical examination when requested by the company.

I understand that in the event of my employment by the company I will be subject to dismissal if any information I have been given in this application is false or if I have failed to give any material information requested. I authorize you to check my references and verify any information on this form.

If I am employed, I agree to conform to the rules and regulations of the company. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Remarks by applicant \_\_\_\_\_

"Under Maryland law, an employer may not require or demand any applicant for employment or prospective employment or any employees 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 \$100,000."

Date Signed \_\_\_\_\_ Signature \_\_\_\_\_

#### SUPERVISOR

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

#### TO BE COMPLETED IF EMPLOYED

Department \_\_\_\_\_ Position \_\_\_\_\_

Start Date \_\_\_\_\_ Time \_\_\_\_\_

Rate of Pay \_\_\_\_\_