



MAXALEA INC.
900 Oak Hill Road
Baltimore MD 21239

APPLICATION FOR EMPLOYMENT

An Equal Employment
Opportunity Employer
Drug Free Workplace

PLEASE PRINT OR TYPE

PERSONAL	NAME: LAST				FIRST		MIDDLE INITIAL		SOCIAL SECURITY NUMBER	
	HAVE YOU EVER USED ANOTHER NAME? Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? If yes, please explain.								ARE YOU UNDER 18 YEARS OF AGE?	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
	CURRENT MAILING ADDRESS (Street Number and Name)								HOME TELEPHONE NUMBER	
	CITY		COUNTY		STATE		ZIP CODE		PAGER NUMBER	
	COUNTRY RESIDENCE		PROVINCE		YEARS/MONTHS AT CURRENT		CELL/ALTERNATE PHONE #			
	PERMANENT FORWARDING ADDRESS (if different from above)								EMAIL ADDRESS	
	IF AT CURRENT ADDRESS LESS THAN FIVE YEARS, PLEASE INCLUDE PREVIOUS TEMPORARY AND PERMANENT ADDRESS COVERING THE LAST FIVE YEARS.									
	STREET ADDRESS:			CITY:		STATE:		COUNTY:		DATES FROM-TO
	Have you ever applied to work at Maxalea before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when? _____					Have you ever been employed by Maxalea? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when? _____ former employee #: _____				
	HOW WERE YOU REFERRED TO MAXALEA? <input type="checkbox"/> Self <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Agency <input type="checkbox"/> Maxalea Website <input type="checkbox"/> Internet <input type="checkbox"/> Career Fair <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other: _____ (Name of referring person)									
NAMES OF FAMILY MEMBERS EMPLOYED AT MAXALEA						RELATIONSHIP (i.e. spouse, parent, sibling, uncle, etc.)				
TYPE OF POSITION FOR WHICH YOU ARE APPLYING:						SALARY EXPECTED		DATE AVAILABLE		
						\$				
TYPE OF EMPLOYMENT YOU ARE SEEKING:										
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> College Intern/Co-op <input type="checkbox"/> High School Work Experience										
EMPLOYMENT ELIGIBILITY: All employees upon being hired, must complete an Employment Eligibility Verification (Form I-9) as required by Title 8, U.S. Code Section 1324A. Employees will be required to present appropriate documents to Maxalea for verification of legal right to work.										
I attest, under penalty of perjury, that I am (check one of the following):						_____ A citizen of the United States				
						_____ I have a registration card or US work permit.				
Complete ONLY if applying for a job requiring a drivers license.										
Date of Birth ____/____/____										
Driver's License Number: _____						Expiration Date: ____/____/____				

List Below your Educational Background, Including High School, All Colleges, Trade and Military Service Schools.

Indicate last level of education completed:	High School	Trade School	College or University	Post Graduate	
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
SCHOOL NAME	ADDRESS, CITY, COUNTY, STATE, ZIP CODE		GRADUATE? Y/N	DEGREE EARNED & MAJOR	GPA

VOCATIONAL AND/OR PROFESSIONAL INFORMATION (I.E. PROFESSIONAL CERTIFICATION, HONORS, AWARDS, LICENSES, AFFILIATIONS, RESEARCH PROJECTS, THESIS SUBJECT, PUBLICATIONS, PATENTS, SEMINARS, VOLUNTEER WORK). NOTE: DO NOT LIST COURSES TAKEN TOWARDS A DEGREE OR DIPLOMA

INDUSTRY RELATED SKILLS

LIST SKILLS IN THE CATEGORY BELOW, LEVEL OF SKILL AND YOUR MONTHS/YEARS OF EXPERIENCE.

EQUIPMENT	LEVEL: GOOD, FAIR, POOR	MONTHS / YEARS OF USE

TECHNICIAN SKILLS

Can you troubleshoot ? yes no If yes, where did you learned how to do this? _____
 When was the last time you did this? _____ How much experience do you have doing this? _____ yrs _____ mo.
 List the types of products you have experience troubleshooting: _____

 List the types of equipment you have utilized. Include brand and model: _____

ADMINISTRATIVE AND COMPUTER SKILLS

List all administrative skills such as typing speed, data entry strokes, 10-key: _____

 List all computer languages and proficiency (advanced, intermediate, beginner): _____

 List all computer software applications and proficiency (advanced, intermediate, beginner): _____

OTHER SKILLS

Describe any other skills you have which you feel may be relevant to the position for which you are applying: _____

EDUCATION / TRAINING / SKILLS

Please list your job history, including volunteer or unpaid experience, starting with your current or more recent position. Include any periods in which you were not employed and explain what you were doing during that time. PLEASE COMPLETE ALL APPROPRIATE ITEMS, EVEN IF YOU HAVE ALREADY PROVIDED A RESUME.

EMPLOYMENT HISTORY

CURRENT EMPLOYER NAME (Most recent or present employer)		TELEPHONE NUMBER ()	EMPLOYMENT DATES (MONTH/YEAR) From to
TYPE OF BUSINESS		FULL OR PART TIME?	IF PART TIME, APPROX. HRS/WEEK WORKED?
ADDRESS (Street, City, County, State, Zip Code)			STARTING BASE SALARY \$ per
YOUR JOB TITLE	CURRENT SUPERVISOR NAME	TITLE	CURRENT/FINAL BASE SALARY \$ per
REASON FOR LEAVING			OTHER COMPENSATION
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, may we contact upon your acceptance of our employment offer? <input type="checkbox"/> Yes <input type="checkbox"/> No			DATE OF LAST INCREASE

YOUR DUTIES AND RESPONSIBILITIES:

EMPLOYER NAME		TELEPHONE NUMBER ()	EMPLOYMENT DATES (MONTH/YEAR) From to
TYPE OF BUSINESS		FULL OR PART TIME?	IF PART TIME, APPROX. HRS/WEEK WORKED?
ADDRESS (Street, City, County, State, Zip Code)			STARTING BASE SALARY \$ per
YOUR JOB TITLE	SUPERVISOR NAME	TITLE	FINAL BASE SALARY \$ per
REASON YOU LEFT			OTHER COMPENSATION

YOUR DUTIES AND RESPONSIBILITIES:

EMPLOYER NAME		TELEPHONE NUMBER ()	EMPLOYMENT DATES (MONTH/YEAR) From to
TYPE OF BUSINESS		FULL OR PART TIME?	IF PART TIME, APPROX. HRS/WEEK WORKED?
ADDRESS (Street, City, County, State, Zip Code)			STARTING BASE SALARY \$ per
YOUR JOB TITLE	SUPERVISOR NAME	TITLE	FINAL BASE SALARY \$ per
REASON YOU LEFT			OTHER COMPENSATION

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YOUR JOB TITLE	SUPERVISOR NAME	TITLE	FINAL BASE SALARY \$ per
REASON YOU LEFT			OTHER COMPENSATION

YOUR DUTIES AND RESPONSIBILITIES:

Please list three persons best qualified to comment on your related work experience and/or educational background. <i>Include supervisors not listed above. Do not include relatives.</i>				
REFERENCES	Name	1.	2.	3.
	Title			
	Company			
	Address			
	Business Telephone	()	()	()

SECURITY	<p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give dates, places, charges and disposition:</p> <hr/> <hr/>
	<p>Have you been convicted of a misdemeanor or received deferred adjudication within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give dates, places, charges and disposition:</p> <hr/> <hr/>
	<p>A "yes" answer will not necessarily disqualify your application.</p>

Please initial each blank.	
_____	• I certify that all information furnished on this form is true, complete and correct to the best of my knowledge.
_____	• I authorize past and present employers, educational institutions and references to verify information on the application and release them to provide additional information relating to my past employment education and performance as requested by Maxalea or its agents.
_____	• I authorize Maxalea or its agents to verify any such information and understand that falsification or omission of information on the application is grounds for termination of further consideration for employment and/or termination of employment.
_____	• I understand that Maxalea reserves the right to request a physical examination and drug testing.
_____	• I understand that overtime may be required and is a condition of employment.
_____	• In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
_____	• I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.
_____	_____
Signature	Date