



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
	CELL PHONE #			
	COUNTRY RESIDENCE	PROVINCE	YEARS/MONTHS AT CURRENT	EMAIL ADDRESS
	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? _____	
	HOW WERE YOU REFERRED TO MAXALEA? <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:		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.		
Do you have a valid driver's license?		Do you have a valid DOT card?		
Yes _____ No _____		Yes _____ No _____		

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

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

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.		
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)		
YOUR JOB TITLE	CURRENT SUPERVISOR NAME   TITLE	
REASON FOR LEAVING		
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		
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)		
YOUR JOB TITLE	SUPERVISOR NAME   TITLE	
REASON YOU LEFT		
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)		
YOUR JOB TITLE	SUPERVISOR NAME   TITLE	
REASON YOU LEFT		
YOUR DUTIES AND RESPONSIBILITIES:		

EMPLOYMENT HISTORY

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>				
<b>REFERENCES</b>	Name	1.	2.	3.
	Title			
	Company			
	Address			
	Business Telephone	( )	( )	( )
<b>Please initial each blank.</b>				
_____	<ul style="list-style-type: none"> <li>I certify that all information furnished on this form is true, complete and correct to the best of my knowledge.</li> </ul>			
_____	<ul style="list-style-type: none"> <li>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.</li> </ul>			
_____	<ul style="list-style-type: none"> <li>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.</li> </ul>			
_____	<ul style="list-style-type: none"> <li>I understand that Maxalea reserves the right to request a physical examination and drug testing.</li> </ul>			
_____	<ul style="list-style-type: none"> <li>I understand that overtime may be required and is a condition of employment.</li> </ul>			
_____	<ul style="list-style-type: none"> <li>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.</li> </ul>			
_____	<ul style="list-style-type: none"> <li>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.</li> </ul>			
	_____		_____	
	Signature		Date	