



**CORPORATE HEADQUARTERS**

P.O. Box 5778  
 Capitol Heights MD 20791  
 (301) 350-1000 Phone  
 (301) 350-1051 Fax

**WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

It is the policy of Posner Industries to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964.

<b>APPLICANT PERSONAL INFORMATION PLEASE TYPE OR PRINT</b>				
FIRST NAME		MIDDLE INITIAL		LAST NAME
ADDRESS				
CITY		STATE	ZIP	HOME PHONE
				ALTERNATE PHONE
EMAIL			SOCIAL SECURITY NUMBER	
HAVE YOU EVER APPLIED FOR WORK HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE RELATIVES NOW EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHO REFERRED YOU? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> OTHER INTERNET JOB SITE <input type="checkbox"/> UNEMPLOYMENT OFFICE/ONE-STOP CAREER CENTER <input type="checkbox"/> OTHER			DESIRED SALARY \$	AVAILABLE START DATE:
APPLYING FOR: PART-TIME OR FULL-TIME			POSITION DESIRED	
HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING MISDEMEANORS AND TRAFFIC OFFENSES)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN?				
FOR THE PURPOSES OF COMPLIANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT, ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>EDUCATION PLEASE LIST YOUR MOST RELEVANT EDUCATIONAL EXPERIENCE, STARTING WITH THE MOST CURRENT</b>				
DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
SCHOOL NAME (UNIVERSITY, COLLEGE, OR TRADE SCHOOL)			LOCATION	
DIPLOMA, DEGREE OR CERTIFICATE OBTAINED			DATE COMPLETED	
SCHOOL NAME (UNIVERSITY, COLLEGE, OR TRADE SCHOOL)			LOCATION	
DIPLOMA, DEGREE OR CERTIFICATE OBTAINED			DATE COMPLETED	
<b>SPECIAL QUALIFICATIONS OR SKILLS PLEASE LIST SPECIAL TRAINING, CERTIFICATES, SKILL SET, CERTIFICATIONS, LANGUAGES, ETC. THAT WOULD QUALIFY YOU FOR THIS POSITION.</b> (EXCLUDE ANY ORGANIZATION IN WHICH THE NAME AND CHARACTER WOULD REVEAL RACE, RELIGION, NATIONAL ORIGIN, OR ANY OTHER PROTECTED STATUS).				

**MILITARY SERVICE**

CHECK ALL THAT APPLY  VETERAN  DISABLED VETERAN  VIETNAM ERA VETERAN  ACTIVE MILITARY RESERVIST  INACTIVE MILITARY RESERVIST

BRANCH \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

RANK AT DISCHARGE \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

IF OTHER THAN HONORABLE, EXPLAIN \_\_\_\_\_

**EMPLOYMENT HISTORY** PLEASE LIST MOST RECENT FIRST.

COMPANY NAME	START DATE	END DATE	JOB TITLE
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LOCATION	SUPERVISOR	PHONE	END SALARY
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REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMPANY NAME	START DATE	END DATE	JOB TITLE
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LOCATION	SUPERVISOR	PHONE	END SALARY
----------	------------	-------	------------

REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMPANY NAME	START DATE	END DATE	JOB TITLE
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LOCATION	SUPERVISOR	PHONE	END SALARY
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REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMPANY NAME	START DATE	END DATE	JOB TITLE
--------------	------------	----------	-----------

LOCATION	SUPERVISOR	PHONE	END SALARY
----------	------------	-------	------------

REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**REFERENCES** LIST NAMES, ADDRESSES AND RELATIONSHIPS OF PERSONS NOT RELATED TO YOU WHO KNOW YOUR QUALIFICATIONS.

NAME	ADDRESS	PHONE
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COMPANY AFFILIATION (IF ANY)	TITLE	RELATIONSHIP
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NAME	ADDRESS	PHONE
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COMPANY AFFILIATION (IF ANY)	TITLE	RELATIONSHIP
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The information provided by me in this application for employment is true and complete to the best of my knowledge. Should I be employed by Posner Industries, Inc., any misrepresentation or false statement contained herein may be considered cause for possible dismissal. I understand this application does not constitute an employment contract of any kind. Should I be employed by Posner Industries, Inc., I may resign such employment at any time at my discretion with or without prior notice and Posner Industries, Inc. may terminate my employment at any time at their discretion, with or without prior notice. This application will be considered valid for a period of 60 days. After 60 days, it will be necessary for me to submit a new application.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date