

**One Call Concepts Locating Services, Inc.**  
 7223 Parkway Drive, Suite 200      Hanover, MD 21076  
**APPLICATION FOR EMPLOYMENT**  
**(Pre-Employment Questionnaire) (An Equal Opportunity Employer)**

**PERSONAL INFORMATION**

				<b>DATE</b>	
<b>NAME</b>			<b>SOCIAL SECURITY NUMBER</b>		
	LAST	FIRST	MIDDLE		
<b>PRESENT ADDRESS</b>					
	STREET	CITY	STATE	ZIP	
<b>PERMANENT ADDRESS</b>					
	STREET	CITY	STATE	ZIP	
<b>PHONE NO.</b>	<b>ARE YOU 18 YEARS OR OLDER?</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?</b>				Yes <input type="checkbox"/>	No <input type="checkbox"/>

**EMPLOYMENT DESIRED**

<b>POSITION</b>	<b>DATE YOU CAN START</b>	<b>SALARY DESIRED</b>
<b>ARE YOU EMPLOYED NOW?</b>	<b>IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?</b>	
<b>EVER APPLIED TO THIS COMPANY BEFORE?</b>	<b>WHERE?</b>	<b>WHEN?</b>
<b>REFERRED BY</b>		

<b>EDUCATION</b>	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**GENERAL**

**SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK**

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**SPECIAL SKILLS**

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**ACTIVITIES: (CIVIC ATHLETIC ETC.)**

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

<b>U. S MILITARY OR NAVAL SERVICE</b>	<b>RANK</b>	<b>PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES</b>
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\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.]  
 IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST  
 AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL  
 BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

\_\_\_\_\_  
 Signature of Applicant

IN CASE OF  
 EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.  
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE:

REMARKS:

NEATNESS ABILITY

HIRED:  Yes  No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

## **DRIVER NOTIFICATION AND RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested. This report may include the following types of information: name and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc., from federal, state and other agencies which may maintain such record, as well as information concerning: (1) previous driving record requests made by others from such state agencies, (2) state driving record, and/or (3) claims involving me in the files of insurance companies.

I authorize without reservation any party or agency contacted to furnish the above-mentioned information.

I have the right to make a request from my employer, upon proper identification, about the nature and substance of all information on me in its files at the time of my request, including the sources of information and the recipients of any report on me, which was previously furnished within the three year period preceding my request. I hereby consent to you obtaining the above information, and I agree that such information and my employment history with you will be supplied to other companies which subscribe to the appropriate services.

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

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Driver's License Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_