

Former Employers (List below last three employers, starting with the current/most recent one first)

Name _____ Phone Number _____
Name of employer or company
Employer Address _____
Starting Date _____ Leaving Date _____ Job Title _____
Starting salary (specify if hourly, weekly etc.) _____ Final Salary _____
Name of Supervisor & Title _____
Description of work _____
Reason for leaving _____

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Name of employer or company
Employer Address _____
Starting Date _____ Leaving Date _____ Job Title _____
Starting salary (specify if hourly, weekly etc.) _____ Final Salary _____
Name of Supervisor & Title _____
Description of work _____
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Employer Address _____
Starting Date _____ Leaving Date _____ Job Title _____
Starting salary (specify if hourly, weekly etc.) _____ Final Salary _____
Name of Supervisor & Title _____
Description of work _____
Reason for leaving _____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any other pertinent information.

I also understand and agree that this application is not a contract or guarantee of employment. I further understand that, if hired, employment will be on an employment-at-will basis and that I or the company may terminate employment at any time for any reason."

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE-DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND IS SUBJECT TO A FINE NOT EXCEEDING \$100.

Castaway's is an Equal Opportunity Employer and does not discriminate against race, color, religion, citizenship status, sex or sexual orientation, national origin, marital status, disability, status with regard to public assistance, age, or any other protected status under federal, states, or local law.

Signature _____ Date _____

(Do not write below)

Date Application Received: _____ Received By: _____