



B. GREEN & CO., INC.

3601 Washington Boulevard, Baltimore, Maryland 21227

EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

LOCATION _____

IT IS THE POLICY OF B. GREEN & COMPANY, INC. TO AFFORD EQUAL OPPORTUNITY FOR EMPLOYMENT TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR PHYSICAL OR MENTAL HANDICAP.

DATE

GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME(S) WE WILL NEED TO KNOW TO VERIFY YOUR APPLICATION INFORMATION <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT NAME
PRESENT ADDRESS (NUMBER, STREET)			HOME PHONE NUMBER	WORK PHONE NUMBER
CITY, STATE, ZIP				SOCIAL SECURITY NUMBER - -
ARE YOU RELATED TO ANYONE AT B. GREEN (IF YES, STATE NAME AND DEPARTMENT) <input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE YOU A LAWFUL PERMANENT RESIDENT OF THE U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, ARE YOU LEGALLY PERMITTED TO WORK IN THIS COUNTRY <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU OVER 18 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN BONDED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, BY WHOM		HAVE YOU EVER BEEN CONVICTED OF ANY CRIME <input type="checkbox"/> YES <input type="checkbox"/> NO <small>CRIMINAL CONVICTIONS ARE NOT AN ABSOLUTE BAR TO EMPLOYMENT, BUT WILL ONLY BE CONSIDERED IN RELATION TO SPECIFIC JOB REQUIREMENTS</small>

EMPLOYMENT INFORMATION

POSITION APPLIED FOR	OTHER POSITIONS IN WHICH INTERESTED	LOCATION PREFERENCE	WHICH SHIFT DO YOU PREFER	
ARE YOU AVAILABLE FOR WORK <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME	SALARY REQUIREMENT \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	DATE AVAILABLE	APPLIED PREVIOUSLY TO OUR COMPANY <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE AND WHEN
EVER WORKED FOR OUR COMPANY <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE	REASON FOR LEAVING		
CAN YOU TRAVEL IF JOB REQUIRES <input type="checkbox"/> YES <input type="checkbox"/> NO	IF JOB REQUIRES, DO YOU HAVE A VALID DRIVERS LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPLETE ONLY IF DRIVING IS A JOB REQUIREMENT:	LICENSE NUMBER	STATE ISSUING LICENSE

EDUCATION

SCHOOL NAME	ADDRESS (CITY, STATE, ZIP)	YEARS COMPLETED	DEGREE	MAJOR COURSE OF STUDY	GRADUATED
HIGH SCHOOL <input type="checkbox"/>					<input type="checkbox"/> YES <input type="checkbox"/> NO
VOCATIONAL/TECHNICAL SCHOOL <input type="checkbox"/>					<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE <input type="checkbox"/>					<input type="checkbox"/> YES <input type="checkbox"/> NO
GRADUATE/PROFESSIONAL SCHOOL <input type="checkbox"/>					<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER <input type="checkbox"/>					<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU CURRENTLY PURSUING FURTHER STUDIES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT ARE YOU TAKING?			

SKILLS

HAVE YOU SUPERVISED EMPLOYEES <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHERE AND HOW MANY			
TYPING SPEED	SHORTHAND SPEED	USE DICTAPHONE <input type="checkbox"/> YES <input type="checkbox"/> NO	USE CASH REGISTER <input type="checkbox"/> YES <input type="checkbox"/> NO	USE ADDING MACHINE <input type="checkbox"/> YES <input type="checkbox"/> NO	USE KEYPUNCH <input type="checkbox"/> YES <input type="checkbox"/> NO
WAREHOUSE OR OTHER OFFICE MACHINES OR EQUIPMENT YOU CAN OPERATE					

REFERENCES

LIST THREE PERSONAL, PROFESSIONAL OR ACADEMIC REFERENCES WHOM WE MAY CONTACT. (NOT FORMER EMPLOYERS OR RELATIVES)				
NAME	ADDRESS	OCCUPATION	YRS. KNOWN	PHONE NUMBER

EMPLOYMENT (BEGINNING WITH THE MOST RECENT. INCLUDE SELF-EMPLOYMENT, MILITARY, SUMMER, PART-TIME)

COMPANY NAME		ADDRESS					
PHONE NUMBER	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	FINAL SALARY \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO
JOB TITLE		SUPERVISOR		REASON FOR LEAVING			
DESCRIBE WORK AND RESPONSIBILITIES							
COMPANY NAME		ADDRESS					
PHONE NUMBER	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	FINAL SALARY \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO
JOB TITLE		SUPERVISOR		REASON FOR LEAVING			
DESCRIBE WORK AND RESPONSIBILITIES							
COMPANY NAME		ADDRESS					
PHONE NUMBER	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	FINAL SALARY \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO
JOB TITLE		SUPERVISOR		REASON FOR LEAVING			
DESCRIBE WORK AND RESPONSIBILITIES							

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

SIGNATURE	DATE
-----------	------

EMPLOYMENT AGREEMENT

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IN MY APPLICATION AND INTERVIEW(S) IS TRUE AND COMPLETE AND THAT I HAVE NOT WITHHELD ANY FACTS WHICH MIGHT EFFECT MY APPLICATION. I AUTHORIZE THE INVESTIGATION OF ALL INFORMATION CONTAINED IN MY APPLICATION, STATEMENTS MADE DURING INTERVIEWS AND ANY OTHER INFORMATION PERTINENT TO MY EMPLOYMENT AND RELEASE FROM LIABILITY OR RESPONSIBILITY ALL PERSONS AND CORPORATIONS REQUESTING OR SUPPLYING SUCH INFORMATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACT IS SUFFICIENT CAUSE FOR REJECTION OF THIS APPLICATION OR DISCHARGE IF I AM LATER EMPLOYED. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THIS COMPANY AND UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANYTIME AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I FURTHER UNDERSTAND THAT ANY JOB OFFER IS CONTINGENT ON THE PASSING OF A URINALYSIS FOR DRUGS. ONCE A JOB OFFER IS EXTENDED, THE JOB OFFER IS THEN CONTINGENT ON PASSING A PHYSICAL EXAMINATION AND PROVIDING PROOF THAT I AM LEGALLY PERMITTED TO WORK IN THIS COUNTRY.

SIGNATURE	DATE
-----------	------