



# APPLICATION FOR EMPLOYMENT

Location: 814 S Main St, Bel Air, MD 21014 (410) 838-8611

## Personal information (Write legibly & fill out all fields)

Name (First, Last)			Today's Date
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	E-mail Address		

## Employment desired

Position	Date you can start
Are you currently employed? If so, may we contact your present employer?	Have you ever applied to this company before? If Yes, when?

## Education History

	Name & Location of School	Years Attended	Did you Graduate?
High School			
College			
Other			



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## Former Employment

Date Month & Year (list most recent first)	Name, Location & Phone No of Employer	Salary	Position	Reason for Leaving
From:  To:				
Describe the tasks you performed and/or responsibilities you had at this job.				
From:  To:				
Describe the tasks you performed and/or responsibilities you had at this job.				
From:  To:				
Describe the tasks you performed and/or responsibilities you had at this job.				

## References

Name	Address & Phone	Relation	Years Known

How long do plan on being employed at Tea by Two? \_\_\_\_\_ How many hours/week? \_\_\_\_\_

Pre-existing scheduling considerations? (holidays, vacations, etc) \_\_\_\_\_

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How were you referred to Tea by Two? \_\_\_\_\_

Why do you want to work for Tea by Two? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information: List any other experience training, qualifications, or skills which make you especially suited for the position:

\_\_\_\_\_

\_\_\_\_\_

## Authorization

"I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give Tea by Two (the company) any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company for all liability for any damage that my result from utilization of such information. I also understand and agree that no representative of the company has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal & state laws"

Date	Signature
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