

Have you been convicted of a felony within the last 7 years? YES NO
(Conviction will not necessarily disqualify applicant from employment.)

If you answered yes, please explain: _____

Summarize special skills and qualifications acquired from employment or other experiences that could be relevant to your ability to perform the job applied for:

Provide the names, addresses, and telephone numbers for three references. Do not list relatives or previous employers:

APPLICANT NOTICE AND ACKNOWLEDGMENT

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.

If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that fact known to the individual processing your application.

If an offer of employment is made, I agree to submit to a medical examination, including a drug test, and understand that my subsequent employment will be contingent on the results of the medical examination and drug test.

I understand that the examining physician may ask questions regarding my current health condition, health history, health insurance claim and workers' compensation claim history and that all such information will be retained in confidential medical files, to be released only in accordance with federal and state law.

I also understand that falsification of any such information that I furnish could result in termination of my employment, if hired.

Signature

Date

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any military service assignments and volunteer activities. You may exclude names of organizations that indicate race, color, religion, sex, or national origin.

EMPLOYER (most recent):

ADDRESS

TELEPHONE:

SUPERVISOR:

DATES EMPLOYED:

FROM: _____

TO: _____

HOURLY PAY/SALARY:

START: _____

FINAL: _____

REASON FOR LEAVING:

JOB TITLE:

DUTIES PERFORMED:

EMPLOYER:

ADDRESS

TELEPHONE:

SUPERVISOR:

DATES EMPLOYED:

FROM: _____

TO: _____

HOURLY PAY/SALARY:

START: _____

FINAL: _____

REASON FOR LEAVING:

JOB TITLE:

DUTIES PERFORMED:

EMPLOYER:

ADDRESS

TELEPHONE:

SUPERVISOR:

DATES EMPLOYED:

FROM: _____

TO: _____

HOURLY PAY/SALARY:

START: _____

FINAL: _____

REASON FOR LEAVING:

JOB TITLE:

DUTIES PERFORMED:

Do you currently receive pay from any other source? YES

NO

(Do not disclose alimony or child support payments.)

If you answered yes, please explain: _____

EDUCATION/TRAINING

Circle last grade completed or code for last degree received: 1 2 3 4 5 6 7 8 9 10 11 12 (High School) 13 14 (Technical/Vocational School); 15 (College Freshman); 16 (College Sophomore) 17 (College Junior); 18 (Bachelor's Degree); 19 (Master's Degree); 20 (Ph.D.)	
Are you currently attending school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, estimated graduation date?	
COLLEGE INFORMATION	HIGH SCHOOL INFORMATION
Undergraduate College/ University Attended:	Name of School Attended:
Undergraduate Major:	Location: Major Courses Taken:
Type of Degree Received:	Diploma Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate College/ University Attended:	APPRENTICE, BUSINESS, TECHNICAL OR VOCATIONAL SCHOOL
Graduate Major Field:	Name of School Attended:
Type of Degree Received:	Location: Major Field of Study:
Honors Received:	Diploma/Certificate Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
List Any Specialized Training, Apprenticeship, Skills, and Extracurricular Activities:	

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Hill & Markes, Inc. and myself for either employment or for the providing of any such promise or guarantee is binding upon Hill & Markes, Inc. unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Hill & Markes Inc. retains the same right.

I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures.

I understand that if employed, policies and rules that are issued are not conditions of employment and that the employer may revise policies and procedures, in whole or in part, at any time.

I understand that this application is for the specific job applied for and I would have to reapply for any future opportunities that could become available.

Signature of Applicant

Date

TO BE COMPLETED BY HILL & MARKES PERSONNEL

Position applied for: _____	Department: _____
Was position applied for available on date application filed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was this applicant hired? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hourly Rate/Salary: _____
Date of Employment: _____	Department: _____
Job Title: _____	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
By: _____ Title: _____ Date: _____	

Montgomery County
Employee Questionnaire-RLF
FORM # 2

The employer you are completing an application for has received financing assistance from the Montgomery County Revolving Loan Fund. A condition of the receipt of this assistance is that all prospective employees of the firm must provide certain information regarding their family income level as of the day the application is completed. This information is forwarded to Montgomery County and is maintained and kept entirely CONFIDENTIAL. Please provide the information requested as follows.

Applicant Name: _____

Position Applied for : _____ Application Date: _____

Please circle the appropriate number of persons in your family (family is defined as all persons living in the same household who are related by birth, marriage, or adoption). Then check the income range which most closely matches the total annualized income of your family as of today's date.

	Below		Between		Between	Above
	<i>Very Low</i>		<i>Low</i>		<i>Moderate</i>	
1 Person	_____ \$12,700	_____	_____ \$21,150	_____	_____ \$ 33,850	_____
2 Persons	_____ \$ 14,500	_____	_____ \$ 29,040	_____	_____ \$ 38,650	_____
3 Persons	_____ \$ 16,300	_____	_____ \$ 27,200	_____	_____ \$ 43,500	_____
4 Persons	_____ \$ 18,100	_____	_____ \$ 30,200	_____	_____ \$ 48,300	_____
5 Persons	_____ \$ 19,550	_____	_____ \$ 32,650	_____	_____ \$ 52,200	_____
6 Persons	_____ \$ 21,000	_____	_____ \$ 35,050	_____	_____ \$ 56,050	_____
7 Persons	_____ \$ 22,450	_____	_____ \$ 37,450	_____	_____ \$ 59,900	_____
8 Persons	_____ \$ 23,900	_____	_____ \$ 39,900	_____	_____ \$ 63,800	_____

In order to assure that non-discrimination requirements of the federal program are met, we ask that you complete the following:

"I consider myself to be" one of the following: (Check one only)

_____ White _____ Asian _____ Black
 _____ Hispanic _____ Native American

Is your head of household female headed? _____ Y _____ N

Signed: _____

Date: _____

Employer Verification:

The above person was hired on: _____ _____ Full Time _____ Part Time

Employer Signature: _____ Title: _____ Date: _____