

# The Mainstay, Inc.

PO Box 238, 5753 Main Street, Rock Hall, Maryland, 21661  
(410) 639-9133  
info@mainstayrockhall.org

## Employment / Job Application

### PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER (SSN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

DESIRED PAY: \$ \_\_\_\_\_  HOUR  SALARY

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  SEASONAL

### EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN?  YES  NO\*

\*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.?  YES  NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER?  YES\*  NO

\*IF YES, WRITE THE START AND END DATES: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES\*  NO

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## EDUCATION

**HIGH SCHOOL:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

GRADUATE?  YES  NO

**DIPLOMA:** \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

GRADUATE?  YES  NO

**DEGREE:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

## EMPLOYMENT HISTORY

**EMPLOYER #1:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**STARTING PAY:** \$ \_\_\_\_\_  HOUR  SALARY

**ENDING PAY:** \$ \_\_\_\_\_  HOUR  SALARY

**JOB TITLE:** \_\_\_\_\_ **RESPONSIBILITIES:** \_\_\_\_\_

**STARTING DATE:** \_\_\_\_\_ **ENDING DATE:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**EMPLOYER #2:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY

ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER #3:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY

ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

## REFERENCES

**REFERENCE #1:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**REFERENCE #2:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERENCE #3: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## MILITARY SERVICE

ARE YOU A VETERAN?  YES  NO

BRANCH: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

IF NOT HONORABLE, PLEASE EXPLAIN: \_\_\_\_\_

## BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?  YES  NO

## DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

RETURN APPLICATION AND ANY SUPPORTING DOCUMENTS VIA EMAIL TO:

[jacqui@mainstayrockhall.org](mailto:jacqui@mainstayrockhall.org) , or

By mail to: The Mainstay PO Box 238 Rock Hall, MD 21661