



6. Were you referred to us by a current employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes who?

\_\_\_\_\_

7. Salary Expected: \$ \_\_\_\_\_ Date Available: \_\_\_\_\_

8. Have you worked for FANDANGO before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list dates, department position:

\_\_\_\_\_

9. Have you applied for employment with FANDANGO before?

Yes \_\_\_\_\_ (Date \_\_\_\_\_) No \_\_\_\_\_

10. EDUCATION: (Only Job-related Education will be Considered)

Name and Location of School	Circle Last Year Completed	Did you Graduate/Equivalent	Major Course Degree Received
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Elementary _____	1 2 3 4		
	5 6 7 8		

High School _____	1 2 3 4		
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College _____	1 2 3 4		
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Trade/ _____	1 2 3 4		
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<u>Business</u>			
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Other _____	1 2 3 4		
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11. LIST ANY SPECIAL EXPERIENCES, QUALIFICATIONS OR SKILLS YOU HAVE THAT YOU BELIEVE WOULD HELP YOU DO THE JOB APPLIED FOR:

\_\_\_\_\_  
\_\_\_\_\_

12. LIST ANY SPECIAL LICENSES OR CERTIFICATIONS YOU HAVE THAT YOU BELIEVE WOULD HELP YOU DO THE JOB APPLIED FOR:  
(List Licensing Authority, License Number, and Date of License for each)

\_\_\_\_\_  
\_\_\_\_\_

13. LIST ANY EXPERIENCE YOU HAVE IN OPERATING BUSINESS OR OTHER INDUSTRIAL EQUIPMENT THAT YOU BELIEVE WOULD BE USEFUL IN THE JOB APPLIED FOR:

\_\_\_\_\_  
 \_\_\_\_\_

14. IF REQUIRED FOR THE JOB YOU ARE SEEKING, DO YOU TYPE? OR TAKE SHORTHAND? \_\_\_\_\_.

Approximate speed: TYPING \_\_\_\_\_ wpm      SHORTHAND \_\_\_\_\_ wpm

15. **PRIOR EMPLOYMENT:** (Give the following information for all present and previous employers, beginning with the most recent.)

Employer Information	Dates of Employment	Job Title	Pay Rate	Were you disciplined (Warnings, Suspension Discharge)	Reason for Leaving
Name _____ Address _____ _____ _____ Phone # _____ Supervisor: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name _____ Address _____ _____ _____ Phone # _____ Supervisor: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name _____ Address _____ _____ _____ Phone # _____ Supervisor: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	

16. If you have had disciplinary problems with any previous employer, please describe the circumstances:

\_\_\_\_\_  
 \_\_\_\_\_

17. List States and Countries of residence for the past seven years.

\_\_\_\_\_  
\_\_\_\_\_

18. Have you used any names or Social Security Numbers other than those listed in questions 1 and 3? If so, please list:

\_\_\_\_\_  
\_\_\_\_\_

19. Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding?

Yes  No

If yes, describe when the conviction occurred; the facts and circumstances, and any facts pertaining to rehabilitation. (Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar employment.)

\_\_\_\_\_  
\_\_\_\_\_

20. REFERENCES

List 2 references other than relatives and previous supervisors:

Name	Address	Phone #	Relationship	Time Known

**INFORMATION FOR APPLICANT**

(Read Carefully Before Signing)

1. This application is valid for only thirty (30) days. If you have not been employed within thirty (30) days of your application, you must re-apply for a position.
2. By my signature below, I agree to the following:
  - a. I consent to take any physical examinations, including but not limited to tests for alcohol or drugs, that may be requested by FANDANGO (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment. These tests shall be administered in accordance with applicable law including but not limited to the Americans with Disabilities Act. I further authorize any health care professional who performs such an examination to release such information to FANDANGO.
  - b. I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to requests for information, may result in my rejection as a candidate for employment or for my immediate discharge.
  - c. I understand that any employment I might be offered by FANDANGO at-will and of indefinite duration, and that either I or FANDANGO can terminate that employment at any time with or without notice for any or no reason, and that no agreement to the contrary will be recognized by FANDANGO unless made in writing and signed by the Chief Executive Officer of FANDANGO. I understand that satisfactory completion of my probationary period will not change my status as an at-will employee.
  - d. I understand that none of FANDANGO's practices or policies are to be construed as imposing any binding obligations on the Company, and that they are subject to change or deletion at any time.
  - e. I hereby authorize FANDANGO to obtain from schools, former employers, training organizations, other individuals or institutions its contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied.

I have read this Employment Application and I fully understand its contents.

**RELEASE AUTHORIZATION**

I hereby authorize any employer, law enforcement agency, administrator, federal agency, state agency, institution or private information bureau that has any record or knowledge of workers compensation claims, motor vehicle operation history, or criminal history to provide FANDANGO any such information. A telephonic facsimile (FAX) or a photographic copy of the authorization shall be as valid as the original. Permission is granted for information to be released by any state agency.

According, to the Fair Credit Reporting Act, I am entitled to know if insurance or employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. I will also be advised and be given the names of the reporting agency or source of information.

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Date Signature of Applicant

Full Name (Type or Print Legibly)

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Social Security Number Drivers License Number and State Issued

**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.**

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Date Signature of Applicant