



# Job Application

Fill Out, Print, Sign and Send to:  
bob@stanwade.com or Fax 330-772-3307

*Please Answer All Questions. Résumés Are Not A Substitute for A Completed Application.*

**We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.**

Position Applied For: \_\_\_\_\_ Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Alt or Cell Number (\_\_\_\_) \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long have you live there? \_\_\_\_\_

Desired Salary/Rate: \_\_\_\_\_

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes \_\_\_\_ No \_\_\_\_

Type of employment desired? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (specify hours available) \_\_\_\_\_

Are you willing to work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_ Date on which you can start work if hired? \_\_\_\_\_

Have you previously applied for employment with Stanwade? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and where did you apply?  
\_\_\_\_\_

Have you ever been employed by Stanwade? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide dates of employment and reason for separation from employment. \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS:**

1. All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.
2. New York applicants: All pending arrests or criminal accusations must be disclosed. You are not required to disclose arrests or criminal accusations that resulted in criminal actions or proceedings which were terminated in your favor. Do not disclose criminal actions or proceedings that were sealed or classified as youthful offender adjudications. An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within thirty (30) days of the applicant's request for such information.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above? Yes  No

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? Yes  No

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

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***Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. Stanwade will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.***

Have you ever initiated an act of violence in the workplace? Yes  No

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

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List all special technical skills that you feel qualify you for the job for which you are applying (For example, equipment operation, special tools or machines, etc.)

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Education	School Name and Location	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus. /Tech./Trade					

Honors Received \_\_\_\_\_

**WORK EXPERIENCE**

Please list the names of your present and /or previous employers in chronological order with your present or most recent employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

**EMPLOYER**

Name: \_\_\_\_\_ Type of business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_ if no, why not? \_\_\_\_\_

Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? \_\_\_\_\_ If none, explain \_\_\_\_\_

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Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? \_\_\_\_\_ If none, explain \_\_\_\_\_

Please explain fully all gaps in your employment history in excess of one (1) month.

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**REFERENCES**

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE

*Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.*

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

**APPLICANT CERTIFICATION**

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Stanwade is a drug-free workplace consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to Stanwade's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and agree to undergo alcohol and drug testing consistent with Stanwade's policies and applicable federal, state, and local law.

If employed by Stanwade, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

**STANWADE IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, STANWADE OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF STANWADE.**

**IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF STANWADE, AND I UNDERSTAND THAT STANWADE HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY THIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.**

I authorize Stanwade or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Stanwade or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Stanwade and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by Stanwade, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by Stanwade. I also understand that Stanwade employs only individuals who are legally eligible to work in the United States.

THIS APPICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUSH REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that Stanwade, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Stanwade personnel who need to know, the applicant, and the applicant's legal guardian.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. I have read and understand the above statement

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_