

**WE ARE AN EQUAL  
OPPORTUNITY EMPLOYER**



## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any legally protected basis, including, but not limited to, age, sex, color, race, national origin, religion, marital status, family responsibilities, sexual orientation, genetic status or disability that does not prohibit performance of essential job functions.

[Please Print]

Date: \_\_\_\_\_

Last Name	First Name	Middle Name	
Street Address	Apt. #	City	State/ Zip Code
Home Phone #	Cell Phone #	E-mail address	

### EMPLOYMENT DESIRED:

Position Applied For:

### How Did You Learn About Us?

- Advertisement (print)     Employment Agency     Walk-In     Relative  
 Current Employee: \_\_\_\_\_     Web: \_\_\_\_\_     Other: \_\_\_\_\_

- 1) Are you available to work:                       Full Time                       Part Time                       Temporary
- 2) Are you less than 18 years of age:                       Yes     No
- 3) Have you ever filed an application with us before?                       Yes     No  
    If yes, give date: \_\_\_\_\_
- 4) Have you ever been employed with us before?                       Yes     No  
    If yes, give date: \_\_\_\_\_
- 5) Are you currently employed?                       Yes     No
- 6) Are you lawfully permitted to work in the United States?                       Yes     No  
    (Proof of your legal right to work in the United States will be required after employment.)
- 7) Can you and are you willing to travel if your job requires it?                       Yes     No

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8) Have you ever been terminated from employment or asked to resign by an employer?  Yes  No

If yes, please explain: \_\_\_\_\_

9) If employment is offered, do you intend to have any type of secondary employment or self-employment?  Yes  No

10) If required, would you be willing to work (Please check one box in each category):

- |          |                              |                             |
|----------|------------------------------|-----------------------------|
| On-Call  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Overtime | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Holidays | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Saturday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sunday   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

11) Indicate the days or nights you are NOT available to work, if any: \_\_\_\_\_

12) If offer of employment was extended to you, on what date can you start? \_\_\_\_\_

13) Do you have any relatives employed by this company?  Yes  No

If yes, who and what location? \_\_\_\_\_

14) Are you currently on "lay-off" status and subject to recall?  Yes  No

**CRIMINAL RECORD:**

Have you ever been convicted of, or pled guilty to, any felony, misdemeanor, or any crime involving violence (including domestic violence), moral turpitude or dishonesty, or driving under the influence of alcohol or drugs?

Yes  No

If yes, please explain:

Date	Case # (If Known)	Location: City / State	Charge	Court	Action Taken

**ILLEGAL USE OF DRUGS:**

1) Do you currently engage in the illegal use of drugs (example: marijuana, cocaine, heroin, crack, speed, LSD, etc.)?  Yes  No

2) Are you willing to be tested for the illegal use of drugs prior to and during your employment?  Yes  No

**DRIVING RECORD:**

If you are applying for a position which involves driving on the job please answer the following questions:

- 1) Do you have a valid unexpired license to drive a vehicle?  Yes  No
- 2) Do you have auto insurance coverage?  Yes  No
- 3) Has your license been revoked or suspended during the past seven years?  Yes  No

If your answer to question 3 is yes, please explain: \_\_\_\_\_

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**EMPLOYMENT HISTORY:**

List most recent position first. List all current and previous employment. If numerous employers, list a minimum of seven years history (attaching sheets if necessary). All information for each position must be provided and any gaps in your employment history must be explained. Although some of the information requested might be on your resume, please complete all of the employment history requested. You may attach your resume as a supplement to this application.

1. Company: \_\_\_\_\_

Other Compensation: \_\_\_\_\_

Co. Phone Number: \_\_\_\_\_

Immediate Supervisor (Name & Title): \_\_\_\_\_

Co. Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Duties, responsibilities, and accomplishments: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

(From Month/Yr –To Month/Yr)

Base Salary: \_\_\_\_\_

May we contact employer?  Yes  No

Start \_\_\_\_\_ End \_\_\_\_\_

Average number of hours per week? \_\_\_\_\_

2. Company: \_\_\_\_\_

Other Compensation: \_\_\_\_\_

Co. Phone Number: \_\_\_\_\_

Immediate Supervisor (Name & Title): \_\_\_\_\_

Co. Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Duties, responsibilities, and accomplishments: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

(From Month/Yr –To Month/Yr)

Base Salary: \_\_\_\_\_

May we contact employer?  Yes  No

Start \_\_\_\_\_ End \_\_\_\_\_

Average number of hours per week? \_\_\_\_\_

3. Company: \_\_\_\_\_

Other Compensation: \_\_\_\_\_

Co. Phone Number: \_\_\_\_\_

Immediate Supervisor (Name & Title): \_\_\_\_\_

Co. Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Duties, responsibilities, and accomplishments: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

(From Month/Yr –To Month/Yr)

Base Salary: \_\_\_\_\_

May we contact employer?  Yes  No

Start \_\_\_\_\_ End \_\_\_\_\_

Average number of hours per week? \_\_\_\_\_

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Employment gaps or additional facts for consideration: \_\_\_\_\_

## EDUCATION AND TRAINING:

Indicate highest level of education completed:

High School <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	Technical School <input type="checkbox"/> 1 <input type="checkbox"/> 2	College/University <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Graduate School <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Name of School/ College	Location: City/ State	Course Study	Years Completed	Did you Graduate	Degree

1) Computer Skills (Please list software): \_\_\_\_\_  
 \_\_\_\_\_

Other machines, trades, special skills or qualifications: \_\_\_\_\_  
 \_\_\_\_\_

2) List Additional Education, Vocation, Trade and/or Information:  
 \_\_\_\_\_  
 \_\_\_\_\_

3) List your Professional Licenses or Certifications: \_\_\_\_\_  
 \_\_\_\_\_

4) Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**U. S. Military Service:**    Yes    No   Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Describe any job-related training received in the United States military: \_\_\_\_\_

### For Hiring Manager Use Only

1. I am requesting that this applicant be processed for a background for the position of \_\_\_\_\_
2. Community: \_\_\_\_\_
3. Interview conducted by: \_\_\_\_\_  

(Print Name)
(Job Title)
4. Authorized by: \_\_\_\_\_  

Signature
(Print Name)

## Grady Management, Inc. – Application for Employment

### **Please read carefully before signing.**

Grady Management Inc. (GMI) is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful.

I understand that neither the completion of this application nor any part of the hiring process establishes any obligation by GMI to hire me. If I am hired, I understand that either GMI or I can terminate my employment at any time and for any reason. **I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with GMI is at-will, which means that I may resign at any time and the Employer may discharge me at any time with or without cause. I further understand that this at-will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of GMI. In this connection, I expressly acknowledge further that neither anything said to me during GMI's application and/or interview process, or during employment, nor any provision in GMI's policies or Employee Handbook constitutes the terms of an expressed or implied employment agreement.**

All of the information I have given to GMI, and that I will give, during the application process for use in considering is true, correct, and complete. I understand that GMI may decide to conduct substance abuse screenings, consumer credit file reviews, motor vehicle record reviews and criminal background checks that formally may be considered an "investigative consumer report." I authorize, to the fullest extent permitted by law, any such substance abuse screenings, motor vehicle record reviews, verification of education, and/or background check or investigation directly or through GMI's agents, and further authorize my former employers, references, physicians and acquaintances to give any such information they may have regarding me. I also authorize GMI, for the purpose of investigating my background, to contact my prior employer(s), my current employer, references I have named in this Employment Application, and such other persons, entities, or sources, without limitation, as GMI and/or its agents may deem to have relevant information about me, and I hereby expressly permit each of such employers, references, and other person, entities, and sources to disclose to the GMI information in their possession or subject to their control, including information contained in my personnel file (s). I expressly agree that information from each of these sources may be used by GMI in considering this application. In this regard, I expressly agree to sign whatever forms GMI reasonably requires, including appropriate authorization forms, so that GMI may contact these sources and obtain relevant information about me. I also acknowledge that GMI's investigation of me may include a review of information publicly available on the Internet.

In connection with this application for employment, and for the duration of my employment, I release and indemnify GMI and its agents, as well as any parties from whom information is obtained, from any liability whatsoever resulting from the substance abuse screenings, criminal background check or any other investigation and release of this information.

I expressly acknowledge and agree that employment with GMI, if offered, may be contingent upon – if required, in the Company's sole discretion and to the extent permitted by law – my completion, with favorable results, of a pre-employment physical, a review of my background and/or substance abuse screening test. In addition to the authorizations granted above, I hereby state, certify and represent that I have read the Fair Credit Reporting Act disclosure statement provided to me and that I understand such disclosure statement. I hereby authorize GMI and its subsidiaries and related entities to obtain and review the "investigative consumer report" referenced in such disclosure statement.

### **MARYLAND EMPLOYMENT ONLY:**

**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 OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**EMPLOYMENT CONSUMER REPORT AUTHORIZATION**

- I hereby affirm that all of the information I have given to GMI, and that I will give, during the application process for use in considering is true, correct, and complete. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect by application unfavorably.
- I acknowledge receipt of the Employment Consumer Report Authorization and the summary of consumer rights entitled, *A Summary of Your Rights under the Fair Credit Reporting Act*.
- As a condition of employment with Grady Management Inc., (GMI) consumer (credit) report (s) and/or criminal background check(s) may be obtained for employment purposes when evaluating for eligibility for employment.
- I authorize Grady Management Inc., (GMI) and / or it subsidiaries, to secure an investigative consumer report for employment purposes which may include, but not necessarily be limited to; substance abuse screenings, a criminal history records investigation, a driving record review, credit bureau report for employment purposes, verification of education and verification of employment history.
- In connection with my application for employment, and for the duration of my employment, I authorize GMI's consumer reporting agency to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living. I release all concerned from liability in connection with any information they give, and I expressly release GMI from any and all liability of whatever kind and nature which, at any time, may result from obtaining, and making an employment decision based on, the information obtained pursuant to the above authorization.
- Any misrepresentation made in this application will be sufficient cause for cancellation of the application and/or for separation from GMI, and/or its subsidiaries, service if the company employs me.
- I understand that I have the right, under Section 606(B) of the federal Fair Credit Reporting Act, to make a written request, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigative consumer report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Name