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. Date: _____ [Please Print] First Name Last 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 this Position?** Advertisement (print)

Employment Agency

Walk-In

Relative ☐ Current Employee: _____ ☐ Web:____ ☐ Other: _____ ☐ Full Time Are you available to work: □ Part Time □Temporary Are you less than 18 years of age: ☐ Yes ☐ No 3) Have you ever filed an application with us before? ☐ Yes ☐ No Have you ever been interviewed with us before? ☐ Yes ☐ No If yes, give date, and with whom: Have you ever been employed with us before? ☐ Yes ☐ No If yes, give date, location, and position applied for:______,______ Are you currently employed? ☐ Yes ☐ No Are you lawfully permitted to work in the United States? ☐ Yes ☐ No 7) (Proof of your legal right to work in the United States will be required upon employment.) ☐ Yes ☐ No Can you and are you willing to travel if your job requires it?

GMI Form # 600 (June 2012)

9) Have you ev	ver been terminated from employment or asked to	resign by an employer?	[□ Yes □ No
If yes, please explain:				
10) If employme	ent is offered, do you intend to have any type of se	condary employment or self-en	nployment?	□ Yes □ No
11) If required, v	would you be willing to work (Please check one bo	x in each category):		
		On-Call	□ Yes	□ No
		Overtime	□ Yes	□ No
		Holidays	□ Yes	□ No
		Saturday	□ Yes	□ No
		Sunday	□ Yes	□ No
12) Indicate the	days or nights you are NOT available to work, if a	ny:		
13) If offer of em	nployment was extended to you, on what date can	you start?		
14) Do you have	e any relatives employed by this company?		□ Yes	□ No
If yes, who and v	what location?			
15) Are you curr	rently on "lay-off" status and subject to recall?		□ Yes	□ No
ILLEGAL USE C	OF DRUGS:			
1) Do you curre	ently engage in the illegal use of drugs (example: r	marijuana, cocaine, heroin, cra	=	-
			□ Yes	□ No
	ing to be tested for the illegal use of drugs prior to	and during your employment?	☐ Yes	□ No
DRIVING RECO		ala a a a a a a a a a a a a a a a a a a		
	ng for a position which involves driving on the job p			
1) Do you have	e a valid unexpired license to drive a vehicle?	□ Yes	□ No	
	a quita inquirance coverage?	□ Yes	□ No	
2) Do you have	e auto insurance coverage?			

Grady Management, Inc. – Application for Employment 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

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 Type of Business:	Duties, responsibilities, and accomplishments:			
Title/Position:				
Dates of Employment:				
(From Month/Yr –To Month/Yr) Base Salary:	May we contact employer? ☐ Yes ☐ No Average number of hours per week?			
Start End				
2. Company:	Other Compensation:			
Co. Phone Number:	Immediate Supervisor (Name & Title):			
Co. Address:	Reason for Leaving:			
	Duties, responsibilities, and accomplishments:			
City/State ZIP				
Type of Business:				
Title/Position:				
Dates of Employment:				
(From Month/Yr –To Month/Yr)	May we contact employer? ☐ Yes ☐ No			
Base Salary: Start End	Average number of hours per week?			
3. Company:	Other Compensation:			
Co. Phone Number:	Immediate Supervisor (Name & Title):			
Co. Address:	Reason for Leaving:			
	Duties, responsibilities, and accomplishments:			
City/State ZIP				
Type of Business:				
Title/Position:				
Dates of Employment:				
(From Month/Yr –To Month/Yr)	May we contact employer? ☐ Yes ☐ No			
Base Salary:	Average number of hours per week?			
Start End				

Grady Management, Inc. – Application for Employment						
Explain employment gaps or additional facts for consideration:						
EDUCATION AND		ted:				
High School 9 10 11 GED		Technical School □ 1 □ 2	College/University □ 1 □ 2 □ 3 □ 4		Graduate School □ 1 □ 2 □ 3	
Name of School/ College	Location: City/ State	Course Study	Years Completed	Did you Gr	raduate	Degree
1) Computer Skills (Please list software):					
2) List Additional Ed	lucation, Vocation, Tr	rade and/or Information:				
3) List your Professi	ional Licenses or Cer	tifications:				
4) Other Qualification	ons (Summarize spec	cial job-related skills and	d qualifications acquired	from employm	nent or other	experience):
U. S. Military Service Describe any job-relat			Rank: itary:		_	
		For Hiring M	anager Use Only			
1. I am reque	sting that this applica	int be processed for a ba	ackground for the positio	on of		
2. Community			_			
3. Interview c	conducted by:	(Print Name)	_	(Job Title)		
4. Authorized	by:	Signature		(Print Name)		

GMI Form # 600 (June 2012)

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 atwill, 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:

	REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR UBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS INE NOT EXCEEDING $\$100$.
Date:	Signature:

Print Name: