



APPLICATION FOR EMPLOYMENT

ATTACH RESUME - FILL OUT COMPLETELY - PRINT OR TYPE - ANSWER ALL QUESTIONS
 USBI is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, disability, religion, national origin, or membership in any other protected class.

PERSONAL INFORMATION

NAME	Last	First	M.I.	SOCIAL SECURITY NO.	DATE
PRESENT ADDRESS	Street	City		State	Zip Code
PHONE NUMBER	CITIZEN OF THE U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU OWN AN AUTO? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NO.
IF YOU ARE NOT A CITIZEN, ARE YOU PERMITTED TO WORK IN THE U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF HIRED, COULD YOU GIVE WRITTEN EVIDENCE OF THIS LEGAL RIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT DESIRED

POSITION	DATE YOU	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLY TO USBI BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHICH POSITION?	WHEN?
DO YOU HAVE RELATIVES WHO WORK FOR USBI? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?

EDUCATION/CERTIFICATIONS

CIRCLE HIGHEST GRADE OF FORMAL EDUCATION COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20				
	SCHOOL NAME, CITY, STATE LOCATED	NO. OF YEARS COMPLETED	MAJOR COURSE OF STUDY	DEGREE DIPLOMA CERTIFICATE AWARDED
HIGH SCHOOL OR G.E.D.				
COLLEGE				
BUSINESS, TECHNICAL OR PROFESSIONAL				
SUBJECTS OF SPECIAL STUDY OR RESEARCH				

LICENSES/CERTIFICATIONS (IDENTIFY THOSE WHICH YOU CURRENTLY HOLD)	
Name of License/Certification	Issuing State
_____	_____
_____	_____
_____	_____

GENERAL

MILITARY SERVICE	BRANCH	DATES OF SERVICE	FROM	TO
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES				
RANK		TYPE OF DISCHARGE		

WORK HISTORY

PLEASE START WITH YOUR MOST RECENT EMPLOYMENT. GIVE EMPLOYMENT HISTORY FOR THE PAST TEN COMPLETE YEARS. PLEASE COMPLETE EVEN IF YOU ARE SUBMITTING A RESUME.

NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER		IMMEDIATE SUPERVISOR: _____ TEL. NO. _____ DATES OF EMPLOYMENT: FROM: _____ TO: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
TITLE, DESCRIPTION OF DUTIES:		
REASON FOR LEAVING:		BEGINNING SALARY:
		LAST SALARY:
NAME AND ADDRESS OF PREVIOUS EMPLOYER		IMMEDIATE SUPERVISOR: _____ TEL. NO. _____ DATES OF EMPLOYMENT: FROM: _____ TO: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
TITLE, DESCRIPTION OF DUTIES:		
REASON FOR LEAVING:		BEGINNING SALARY:
		LAST SALARY:
NAME AND ADDRESS OF PREVIOUS EMPLOYER		IMMEDIATE SUPERVISOR: _____ TEL. NO. _____ DATES OF EMPLOYMENT: FROM: _____ TO: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
TITLE, DESCRIPTION OF DUTIES:		
REASON FOR LEAVING:		BEGINNING SALARY:
		LAST SALARY:

EMPLOYMENT INFORMATION

DO YOU HAVE ANY OBJECTION TO WORKING OVERTIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AVAILABLE TO WORK OVERTIME WITHOUT PRIOR NOTICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AVAILABLE TO WORK ON SATURDAY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AVAILABLE TO WORK ON SUNDAY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AVAILABLE TO TRAVEL IF REQUIRED BY THIS POSITION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY OUTSIDE COMMITMENTS THAT COULD RESTRICT YOUR WORK SCHEDULE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Since you were 18 years of age, have you been convicted of a misdemeanor or a felony or convicted in a military court martial? If yes, state the crime and date of conviction: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED OR SUSPENDED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE ANY REASONS WHY YOU WOULD NOT BE CAPABLE OF PERFORMING THE REQUIRED DUTIES OF THE POSITION YOU APPLIED FOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PROFESSIONAL REFERENCES

Give Names Of Three Persons Not Related To You, Whom You Have Known For At Least One Year.

NAME	CITY & STATE	TEL. NO.	OCCUPATION	YEARS KNOWN

U S BUSINESS INTERIORS
APPLICANT'S STATEMENT AND AUTHORIZATION
(Applicant should read carefully before signing – Applicant will not be considered unless this Statement is signed)

I certify that all of the information provided in this application and during the interview process is true and complete. I understand that any misrepresentation or omission of facts called for in this application or during the interview process is cause for refusal of employment or immediate dismissal if I have been employed.

I authorize the investigation of all statements contained in this application and/or made during the interview process and I release all persons connected with any such investigation. I authorize you to contact my former employers regarding my work performance and other information concerning my previous employment, including the dates of my employment, my job titles and responsibilities, my compensation, and the reason I am no longer employed there. I hereby authorize my previous employers to respond to your requests and to provide you with the requested information, and I release all persons connected with any such request for information from all claims and liability which may arise from the release or use of such information. I also authorize you to contact former education institutions that I attended regarding my educational performance and other educational information, including dates of attendance, courses taken, grade and performance information, graduation information and any other information. I hereby authorize all such institutions that I identified to respond to your requests and to provide you with the requested information, and I release all persons connected with any such request for information from all claims and liability which may arise from the release or use of such information. I also authorize an investigation into my driving record.

I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION, OR IN ANYTHING ELSE PROVIDED TO ME, IS INTENDED TO CREATE, NOR SHALL BE CONSTRUED AS CREATING, AN EXPRESS OR IMPLIED CONTRACT OR GUARANTEE OF EMPLOYMENT FOR A DEFINITE OR INDEFINITE TERM. I UNDERSTAND THAT IF I AM HIRED I WILL BE AN AT-WILL EMPLOYEE AND THAT BOTH I AND MY EMPLOYER WILL HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, FOR ANY OR NO REASON.

I also understand that as part of the hiring process, or as a condition of my employment, and at any time during my employment, I may be required to submit to drug and alcohol screening, and I agree to submit to such examinations/tests. I hereby release all individuals and my employer from all liability arising from such testing and/or the decisions made based on such testing. I further understand that employment may be conditioned upon my passing a job-related physical examination. I authorize any physician or medical service provider to release any information that may be necessary to determine my ability to perform the essential functions of the job for which I am being considered or any future job.

If I am accepted for employment, I understand that I would be expected to devote my energies to the fullest extent possible and refrain from other business interests that might require significant time or would be considered a conflict of interest. I also understand that if hired, my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986, and any amendments thereto.

If hired, I authorize my employer to deduct from my wages any amounts which may be due it as a result of overpayment of wages, loss or destruction of its property or any other amounts which I may lawfully owe it, or for which I have received consideration.

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.

Signature _____

Date _____

**DISCLOSURE AND AUTHORIZATION
TO OBTAIN BACKGROUND INFORMATION**

This is to inform you that as part of the procedure for processing your employment application, or in the event that you are employed, at any time while you are employed, your employer may obtain from a credit reporting agency a consumer report or an investigative consumer report containing financial and other information about you. The employer may obtain one or more consumer reports regarding you from one or more consumer reporting agencies and may use the information provided in this report(s) for any employment purpose, such as evaluating you for employment, promotion, reassignment or retention as an employee. A "consumer report" is a communication of information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. An "investigative consumer report" may include information as to your character, general reputation, personal characteristics and mode of living, and this information may be obtained through personal interviews with your neighbors, friends or associates or from others with whom you are acquainted or who may have knowledge concerning such items of information. This employer complies with the Fair Credit Reporting Act (and applicable state law) which provides prospective or current employees with rights regarding consumer reports and which places specific obligations on employers who obtain such reports.

I hereby authorize the employer to order a consumer report or an investigative consumer report containing financial and other information about me from a consumer reporting agency as part of its investigation into my application for employment or at any time while I am employed by the employer. This authorization does not include the release of my medical information. I hereby authorize custodians of such records to release such information upon request by the employer or any authorized representative of the employer, including a consumer reporting agency. I hereby release and discharge the employer, its employees, agents and representatives, and any person or entity furnishing oral or written reports, documents, records or other information, from any and all claims and liability arising out of or relating to any such background check, investigation, or out of or relating to the furnishing, inspection or use of such oral or written reports, documents, records and any other information pertaining to the above. Additionally, I hereby acknowledge that I have read the information contained in this disclosure statement and have understood it.

Printed Name _____

Date _____

Signature _____