



ONGUARD Industries, L.L.C.  
 1850 Clark Road  
 Havre de Grace, MD 21078  
 Tel: (410) 272-2000  
 Fax: (410) 272-3346

## APPLICATION FOR EMPLOYMENT

**\*\*NOTE\*\* FAILURE TO FULLY COMPLETE ALL QUESTIONS ON THIS FORM  
 MAY RESULT IN REJECTION OF THIS APPLICATION.**

ONGUARD Industries, L.L.C. will provide equal employment opportunity without regard to race, color, religion, creed, national origin, sex, age, disability (unrelated in nature and extent to an individual's ability to perform a particular job), marital status, pregnancy, sexual orientation, or any other consideration prohibited under applicable federal, state, or local law. False information on this form will result in disqualification of consideration or termination of employment.

**POSITION APPLYING FOR:** \_\_\_\_\_ **Date:** \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

**PERSONAL DATA**

Last Name	First Name	MI	Social Security #
Street	City	State	Zip
Phone #	Alternate Phone #		

Have you ever worked for us, or our predecessor Bata Shoe Company before?  Yes  No

Dates Previously Employed: \_\_\_\_\_ Previous Supervisor \_\_\_\_\_  

From		To	
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Are you applying for:  Full-Time  Part-Time

What shifts are you available for?  First  Second  Third  Office

Minimum Acceptable Starting Salary \$ \_\_\_\_\_ Date Available to Start \_\_\_\_\_

**EDUCATION**

Circle Highest Grade Completed →	Grammar School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4
		Graduated	Graduated
High School Names	State/County Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College Names	State/County Location	From	To
			Degree/Major

Additional Education and/or Training:

### OFFICE & COMPUTER SKILLS

Keyboarding Skills Typing Speed _____ wpm Data Entry _____ spm	Computer Skills Skill Level: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced Software: <input type="checkbox"/> MSWord <input type="checkbox"/> Excel <input type="checkbox"/> Powerpoint Other: _____
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### LICENSURE

Type:	Licence #	Expiration Date:
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**EMPLOYMENT HISTORY** All information must be completed (Begin with most recent position). Include temporary and part-time positions held.

Dates Employed From: _____ To: _____	Name of Firm:	Job Title: Salary: \$
Address:		
Duties:		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Supervisor:	Phone:
Reason for Leaving:		Permission to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates Employed From: _____ To: _____	Name of Firm:	Job Title: Salary: \$
Address:		
Duties:		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Supervisor:	Phone:
Reason for Leaving:		Permission to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates Employed From: _____ To: _____	Name of Firm:	Job Title: Salary: \$
Address:		
Duties:		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Supervisor:	Phone:
Reason for Leaving:		Permission to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT  
OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned applicant, do hereby authorize ONGUARD Industries or a representative of their choosing, to procure a consumer report and/or investigative consumer report on me.

These above mentioned reports may include, but are not limited to, employment history, education credentials, driving history, criminal history, personal character, worker's compensation records, personal credit history based on reports from any credit bureau, social security verification; present and former addresses; and, any other information having a bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal character, trustworthiness and/or mode of living.

I understand that the investigative consumer report I am authorizing, may include information obtained by interviews with my neighbors, friends and/or associates and others with whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to ONGUARD Industries or the representative of their choosing who conducted the investigation, within a reasonable time after the date hereto. I further authorize any person, business entity or governmental agency who may have knowledge relevant to the above, to disclose same to, by and through ONGUARD Industries or their representative including, but not limited to, any courthouse, public agency, law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received same from other sources

I, hereby release ONGUARD Industries and/or their representative, all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claims or demands on my behalf, for procuring, selling, providing, brokering and/or assisting with the compiling or preparation of the consumer report and/or investigative consumer report hereby authorized.

<hr/> <i>Last Name</i>	<hr/> <i>First Name</i>	<hr/> <i>Middle Name</i>
<hr/> <i>Current Address (City, State, Zip)</i>		<hr/> <i>(County)</i>
<hr/> <i>Social Security #</i>	<hr/> <i>Date of Birth (OPTIONAL)</i>	
<hr/> <i>Driver's License #</i>	<hr/> <i>(State)</i>	
<hr/> <i>Other Name(s) Used</i>	<hr/> <i>SIGNATURE</i>	

If you **have been** convicted for violating any law, place an X in the "YES" box below. A "YES" will not disqualify you for employment consideration. Do not designate "YES" for traffic violations unless applying for motor vehicle operation.

If you **have not** been convicted for violating any law, place an X in the "NO" box below

NO [ ]

If you **have been** convicted, for violating any law place an X in this box

YES [ ]

If you **have responded** with a "YES", explain arrest below, and include location, county, state, date and disposition

***I, certify that answers given herein are true and complete to the best of my knowledge***

**Signature:** \_\_\_\_\_

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

**POLYGRAPH PROTECTION**

In compliance with the polygraph protection act of 1988 and Maryland law, we may not require or demand any applicant for employment or current employee to submit to or take a polygraph, lie detector or similar test as a condition of employment or continued employment. An employer that violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

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

**HEALTH/DRUG TESTING**

This company requires pre-employment drug screening of each applicant that receives a contingent offer of employment. The company reserves the right to withdraw any offer of employment as a result of a positive drug screen. In addition, the company may require any employee to submit to a drug test following an accident on the job or with cause to suspect current drug use in violation of company policy

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

**EMPLOYMENT AT WILL**

An offer of employment shall not be construed as an implied or explicit guarantee of employment for any definite period of time, and employment may be terminated at will by you or the company.

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

In compliance with the Immigration Reform and Control Act of 1986, documents establishing both your identity and employment authorization are required prior to employment. Acceptable documents include a U.S. passport, certificate of U.S. citizenship or naturalization, unexpired foreign passport, resident alien card, Social Security card, birth certificate and/or state document with photograph, such as a driver license.

**APPLICANT PLEASE DO NOT WRITE BELOW THIS LINE**

Date Interview \_\_\_\_\_

Interviewed By (1) \_\_\_\_\_ Consider for Hire  Yes  No  
Comments \_\_\_\_\_

(2) \_\_\_\_\_ Consider for Hire  Yes  No

(3) \_\_\_\_\_ Consider for Hire  Yes  No

Date Sent for Drug Screen \_\_\_\_\_ Date of Results \_\_\_\_\_

Hiring Decision  Hire  Not Hired

Starting Date \_\_\_\_\_ Rate \_\_\_\_\_ Shift \_\_\_\_\_ Differential \_\_\_\_\_

Approved By \_\_\_\_\_