Paul F. Federline & Sons

6605 Selnick Drive
Suite A
Elkridge, Maryland 21075

EMPLOYMENT APPLICATION

Date

Applicant Information

Last Name DOB:

First Name

Middle Initial

Email

Cell Phone Home Phone:

Street Address

Apartment / Unit#

City, State, Zip

License#, State, Class Vehicle? Yes No

Violations? If yes, explain:

SSN DESIRED SALARY:

Position applied for:

Are you citizen of the United States?	Yes	No	If no, are you authorized to work in the U.S.?	Yes	No
Have you ever worked for this company?	Yes	No	If yes, when?		
Have you ever been convicted of a felony?	Yes	No	If yes, explain:		
Are you able to work full-time?	Yes	No	If no, explain:		
Are you willing to do any job assigned to you?	Yes	No	If no, explain:		
Are you willing to work as hard as the supervisor?	Yes	No	If no, explain:		
Will you work overtime and holidays when requested?	Yes	No	If no, explain:		
Can you travel and be away overnight if the job requires it?	Yes	No	If no, explain:		
Do you or have you ever used drugs?	Yes	No	If yes, explain:		
Do you have any physical limitations that would prevent you from performing lifting, pushing and pulling heavy objects?	Yes	No	If yes, explain:		

Do you have experience with systems furniture or other types? Yes No If yes, explain below.

List types/brands of modular furniture you have installed in the past:

Note any special skills or training you possess:

Previous Employment

Dates of Employment

Company

Address

Phone

Supervisor

May we contact this individual for reference? Yes No

Supervisor phone, extension, and or email:

Position

Responsibilities:

Reason for leaving:

Starting Salary

Ending Salary

Dates of Employment

Company

Address

Phone

Supervisor

May we contact this individual for reference? Yes No

Supervisor phone, extension, and or email:

Position

Responsibilities:

Reason for leaving:

Starting Salary

Ending Salary

Dates of Employment

Company

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Phone

Supervisor

May we contact this individual for reference? Yes No

Supervisor phone, extension, and or email:

Position

Responsibilities:

Reason for leaving:

Starting Salary

Ending Salary

Education Please list all of your education.

Dates Attended	School/Institution	Graduated?	Address/Location	Degree
		Yes No		
		Yes No		
		Yes No		
		Yes No		

References Please list three professional references.

Full Name Relationship

Company Position

Phone Email

Full Name Relationship

Company Position

Phone Email

Full Name Relationship

Company Position

Phone Email

Military Service

Branch

Dates

Rank at Discharge

Type of Discharge

If other than honorable, please explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in release.

Signature	Date