



the brick companies

An Equal Opportunity Employer

The Brick Companies

3168 Braverton Street, Edgewater, MD 21037 (443) 951-2000 FAX (443) 951-2020

Employment Application

This application will be held in the active file for sixty (60) days. After that period, if you still wish to be considered, please contact us.

Date _____

PLEASE PRINT (USE INK):

Name _____ Phone Number _____
First Middle Last

Address _____ Alternate Phone # _____

City _____ State _____ Zip _____ How Long? _____

PLEASE ANSWER EVERY QUESTION. ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED.

GENERAL INFORMATION SECTION

Position Applied For _____ Salary Requirements _____

RANK IN ORDER OF PREFERENCE THE TYPE OF WORK YOU DESIRE

Full-time _____ Part-time _____ Seasonal or Temporary _____

How or by whom were you referred to us? _____ Date Available for Work _____

Have you ever applied here before? Yes No

Are you over 18 years of age? Yes No

Are you legally eligible to work in the country? Yes No

Do you know how to swim? (Marina use only) Yes No

Have you ever been convicted of a felony, misdemeanor, or any offense other than a minor traffic violation? Convictions will not necessarily disqualify you from employment.

Yes No

Explain: _____

If applying for a position that requires driving, do you have a valid driver's license? Yes No

If yes, have you ever been ticketed for a moving violation? Yes No

If yes, please explain: _____

EMPLOYMENT RECORD SECTION

If you have a resume, please attach.

Start with the PRESENT or most RECENT employer. List all previous employers including self employment, military service, summer and part-time jobs. If you need more space, continue on a separate sheet.

PRESENT/PREVIOUS EMPLOYER	DATES & SALARY	POSITION & DUTIES
COMPANY NAME:	FROM \$	
STREET ADDRESS	TO \$	NAME & TITLE OF SUPERVISOR
CITY & STATE ZIP	TELEPHONE NUMBER	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING		

PRESENT/PREVIOUS EMPLOYER	DATES & SALARY	POSITION & DUTIES
COMPANY NAME:	FROM \$	
STREET ADDRESS	TO \$	NAME & TITLE OF SUPERVISOR
CITY & STATE ZIP	TELEPHONE NUMBER	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING		

PRESENT/PREVIOUS EMPLOYER	DATES & SALARY	POSITION & DUTIES
COMPANY NAME:	FROM \$	
STREET ADDRESS	TO \$	NAME & TITLE OF SUPERVISOR
CITY & STATE ZIP	TELEPHONE NUMBER	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING		

If presently employed, why do you wish to change positions? _____

ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT OF ONE MONTH OR MORE DURATION AFTER LEAVING SCHOOL.

FROM	TO	STATE WHAT YOU WERE DOING
MO/YR	MO/YR	
MO/YR	MO/YR	

EDUCATION SECTION

NAME STATE	CITY	MAJOR COURSE OR SUBJECT	YEARS COMPLETED	DEGREE	GPA
HIGH SCHOOL OR PREP					
BUSINESS SCHOOL					
COLLEGE					
GRADUATE WORK					

List scholastic honors, offices held, and activities in high school or college. Do not list organizations which reveal race, creed, color, national origin, religion, age, or sex.

List any courses you have completed which will aid this Company in evaluating your qualifications for the position you are seeking. Use additional sheets as necessary. (Example: If applying for a clerical position, note training such as word processing, typing, computer programs, etc.) Please include grade or other indicator of achievement such as words per minute typed.

COURSE	DATES ENROLLED FROM TO	SCHOOL OR OTHER SPONSOR OF COURSE	DESCRIBE MAJOR CONTENT OF COURSE	GRADE

Are you planning to pursue further studies? Yes No Day School Night School
 Part-Time Full-Time

If yes, when, where, and what course(s)? _____

ADDITIONAL INFORMATION SECTION

Please list below any skills and aptitudes that you feel qualify you for a position at this Company.

REFERENCE SECTION

Please list references other than relatives or previous employers. Providing this information means you give this Company permission to contact those individuals named.

NAME	ADDRESS	TELEPHONE NUMBER

PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask them of an employment interviewer *before* signing this application.

This Company is an equal opportunity employer and does not discriminate in its hiring or employment practices on the basis of race, color, religion, age, sex, national origin or ancestry, disability, marital status, veteran status, or status within any other group protected by applicable federal, state and local nondiscrimination laws. No questions on this application are intended to secure information to be used for such discrimination.

By signing your name below, you acknowledge and certify:

- that all statements made by me on this application are true and complete to the best of my knowledge
- that I have withheld nothing that would affect this application unfavorably
- that any offer I may receive from the Company is contingent upon my successful completion of the Company's total pre-employment screening process which includes a background check for fulltime employees
- that I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired
- that I am able to perform the essential functions of the position safely and properly as described in the job description for which I have applied

I also understand that nothing contained in the application or in the interview process is intended to create an employment contract between the Company and myself. Should this application result in my employment, it will be an at-will relationship. I have a right to terminate my employment at any time and for any reason and the Company retains the same right. I agree to conform to the rules and regulations of the Company. I understand that no representative of the Company, other than Officers of the Company, has the authority to change the terms of my employment and that any such change can occur only in a written employment contract.

I further understand this entire statement applies to the period prior to, or after, I may be employed.

I understand that past employers, educational institutions and/or the military will be contacted for references and I authorize any such organization to provide the requested information. I further release and forever discharge the inquiries and investigations, from any and all claims, demands, damages, actions, causes of actions, or suits of any kind or nature whatsoever arising from the Company's inquiries and investigation of my credentials and information in connection with my application.

I hereby acknowledge that I have read and understand each of the above statements. I authorize release of information about me to this company.

Signature of Applicant

Date

Print Name of Applicant

FOR INTERNAL USE ONLY

To be completed AFTER applicant is hired.

Part-Time \$ _____ Per _____ Date Employed _____ Job Title _____
 Seasonal \$ _____ Per _____
 Full-Time \$ _____ Per _____ Department _____