

ATTN: Human Resources
PO Box 120
Queenstown, MD 21658



TEL 410-827-8881
FAX 410-827-4343
HR@queenstownbank.com

Application for Employment

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

Queenstown Bank of Maryland is an Affirmative Action/Equal Opportunity Employer and does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, physical handicap, covered veteran status, or on the basis of age against persons whose age is over forty. No question on this application is intended to secure information to be used for such discrimination.

PERSONAL

Last	First Name	Middle Initial	Date
Present Address	City	State	Zip Code
Phone Number	Cell Phone	E-Mail Address	

Have you applied or worked with us before? ☐ Yes ☐ No Date: _____

Position for which you are applying: _____ ☐ Full Time ☐ Part Time

To be employed by the Bank, you must be legally eligible for employment under Department of Justice regulations. Proof of eligibility will be required upon employment. Can you meet this requirement? ☐ Yes ☐ No

Do you have a relative working for us? If yes, name and relationship: _____

How were you referred to us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Self-Initiated	<input type="checkbox"/> School
<input type="checkbox"/> State Employment Agency	<input type="checkbox"/> Employee Referral: _____

EDUCATION

Name	City, State	Major Course or Subject	Circle last year completed	Type of degree
High School or Preparatory			1 2 3 4	
Business School/Vo-Tech/Other			1 2 3 4	
College			1 2 3 4	
Graduate Work			1 2 3 4	

EMPLOYMENT (List below beginning with your most recent employer, all work experience including military service)

Name of employer: _____ Dates of employment: _____

Position: _____

Employer address: _____ Phone: (____) _____
Street City State Zip Code

Name and title of immediate supervisor: _____

May we contact at this time? ☐ Yes ☐ No

Description of responsibilities (include number of people supervised): _____

Reason for leaving: _____

Name of employer: _____ Dates of employment: _____

Position: _____

Employer address: _____ Phone: (____) _____
Street City State Zip Code

Name and title of immediate supervisor: _____

May we contact at this time? ☐ Yes ☐ No

Description of responsibilities (include number of people supervised): _____

Reason for leaving: _____

Name of employer: _____ Dates of employment: _____

Position: _____

Employer address: _____ Phone: (____) _____
Street City State Zip Code

Name and title of immediate supervisor: _____

May we contact at this time? ☐ Yes ☐ No

Description of responsibilities (include number of people supervised): _____

Reason for leaving: _____

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

REFERENCES List three persons (not relatives, former employers, or fellow employees) whom you have known for at least one year.

NAME

ADDRESS

PHONE NUMBER (if known)

PLEASE READ BEFORE SIGNING

“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OT TO TAKE A POLYGRAPH LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISISON IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

I hereby certify that information on this application is accurate and complete to the best of my knowledge, and subject to verification by **QUEENSTOWN BANK OF MARYLAND**. I understand that in the event of my subsequent employment:

- I will be required to complete this application and other employment forms and documents and that any omission or misrepresentation of facts called for may be cause for immediate dismissal,
- I may be required to submit to a physical exam as a condition of continued employment.

I understand that this application will remain in **QUEENSTOWN BANK OF MARYLAND**’s active files no longer than 180 days, after which time I must re-apply to be considered for further openings.

I understand that this application and other matters connected with my application do not constitute a contract, express or implied, with the Bank, and that any employment with the Bank is at will, and may be terminated at any time, with or without notice, and with or without cause.

SIGNATURE

DATE
