



Application for Employment
Equal Opportunity Employer

Personal Information

Date: _____

Name (Last, First)			
Address	City	State	Zip Code
Phone Number	Email	Referred By	

Position

Position You Are Applying For	Start Date	Salary Desired
Are you employed now? <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	
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Education

	Name and Location of School	Years Attended	Did You Graduate	Subjects Studies
High School				
College				
Trade, Business, or Correspondence School				

Former Employees (Start with most recent employer)

Date	Name & Address of Employer	Position	Reason for Leaving
From			
To			
From			
To			
From			
To			

References (Provide names of three persons not related to you)

Name	Telephone	Business	Years Known

Have you ever been convicted of, or pleaded guilty/no contest to a crime? Yes No

If yes, please explain:

(A CONVICTION RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW.)

Basta Pasta is an equal opportunity employer and considers all applicants for employment without regard to race, color, religion, sex, creed, gender, transgender, marital status, age, mental or physical disability, national origin or ancestry, sexual orientation, genetic information, pregnancy, status as a veteran, familial status, any protected concerted or union activity, or any other consideration made unlawful by federal, state, or local laws. Basta Pasta complies with applicable laws prohibiting discrimination and harassment in hiring and employment and provides "reasonable accommodations" to qualified applicants and employees with disabilities.

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 \$100.00.

Date: _____ **Signature:** _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA), the Genetic Information Nondiscrimination Act (GINA) and other relevant federal and state laws.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire."

DATE: _____ SIGNATURE: _____