



APPLICATION FOR EMPLOYMENT

RESET FORM

PERSONAL INFORMATION

HOME
 CELL

LAST NAME FIRST NAME MIDDLE PHONE (NUMBERS ONLY)

STREET ADDRESS CITY STATE ZIP

EMERGENCY CONTACT NAME RELATION ADDRESS PHONE (NUMBERS ONLY)

YOUR EMAIL ADDRESS

POSITION DESIRED

POSITION(S) YOU ARE APPLYING FOR DATE AVAILABLE TO START? (MM/DD/YYYY)

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES NO

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY TOBY'S? YES NO

IF YES, WHEN? (MM/YYYY) REASON FOR LEAVING?

EDUCATION

HIGHEST LEVEL OF EDUCATION COMPLETED

SCHOOL ADDRESS FIELD OF STUDY DID YOU GRADUATE?

YES NO

YES NO

YES NO

EMPLOYMENT HISTORY • REFERENCES

EMPLOYER	ADDRESS	JOB TITLE	SUPERVISOR	SALARY	REASON FOR LEAVING

MAY WE CONTACT EMPLOYERS LISTED ABOVE? YES NO

PLEASE LIST **TWO** PERSONAL REFERENCES THAT HAVE KNOWN YOU FOR A LEAST THREE YEARS. EXCLUDE FAMILY MEMBERS AND PAST EMPLOYERS.

NAME	RELATIONSHIP	ADDRESS	PHONE (NUMBERS ONLY)	YRS KNOWN

ACCEPTANCE OF INFORMATION

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO A POLY LIE DETECTOR, OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE.

SIGNATURE OF APPLICANT DATE

I HEREBY AUTHORIZE TOBY'S TO CONTACT FORMER EMPLOYERS, AS WELL AS THOSE INDICATED ABOVE, FOR INFORMATION CONCERNING MYSELF AND RELEASE THEM FROM ALL LIABILITY IN CONNECTION THEREWITH. I UNDERSTAND THAT ANY MISREPRESENTATION ON THIS APPLICATION CONSTITUTES SUFFICIENT REASON FOR TERMINATION OF EMPLOYMENT. I ALSO AGREE TO ABIDE BY COMPANY POLICY. TOBY'S, THE DINNER THEATRE OF COLUMBIA, IS AN EQUAL OPPORTUNITY EMPLOYER.

SIGNATURE OF APPLICANT DATE