



**North American Millwright Services, Inc.**

4480 North Point Blvd.  
Baltimore, MD 21219  
Phone: 410-388-9870  
Fax: 410-388-9871

**Application for Employment**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

**Personal Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Apprenticeship School: \_\_\_\_ First Yr. \_\_\_\_ Second Yr. \_\_\_\_ Third Yr.  
\_\_\_\_ Fourth Yr. Graduate

**Employment Desired**

Position: \_\_\_\_\_ Date You can start: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Are You Employed Now? \_\_\_\_\_

If so may we inquire of your present Employer? \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ When? \_\_\_\_\_

Referral Source: \_\_\_\_\_

Do any friends or relatives work here? \_\_\_\_\_

# North American MILLWRIGHT

The Performance Company

Have you ever been convicted of a felony or released from prison in the last seven years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe in full including dates:

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In case of emergency, please notify:

(Name)

(Address)

(Phone No.)

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## Present or Last Employment

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
(from) (to)

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Describe duties:

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## Previous Employment

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**North American**  
**MILLWRIGHT**  
The Performance Company

Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
(from) (to)

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Describe duties:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
(from) (to)

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Describe duties:  
\_\_\_\_\_  
\_\_\_\_\_

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**References**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

North American  
**MILLWRIGHT**  
The Performance Company

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

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**North American Millwright Services, Inc. is a drug free work place. Anyone carrying a medical marijuana card must provide a copy of the card with the 16-digit code on it and a doctor's note stating what medical condition is being treated and what the patient's limitations and restrictions are.**

**If operating a company vehicle and you receive a violation for speeding or running a red light either by a police office or by camera you are responsible to pay this either by a payroll deduction or cash the same week it is received.**

**North American Millwright Services conducts background searches on all applicants before offering a position.**

**All applicants will be sent for a pre-placement drug screening test. Rand drug screens are done monthly.**

I \_\_\_\_\_ have read and agree to the above statements.  
(Printed Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



“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.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(THIS STATEMENT MUST BE ATTACHED TO ALL EMPLOYMENT APPLICATIONS IN THE STATE OF MARYLAND)