

2HB APPLICATION FOR EMPLOYMENT

As part of the application process 2HB Software Designs may conduct background checks on applicants. **Please type or write clearly in ink.**

PERSONAL

Name _____ Social Security Number*

Address _____ How Long? _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Home Telephone _____ eMail Address _____

Position for which you are applying _____

If part time, specify hours or days _____ What is your minimum salary requirement? _____

Do you have any commitments to another employer that might affect your employment with us? _____ Date available to work? _____

Check the following options you would consider:
 Full Time Part Time Temporary

EDUCATION AND TRAINING

	School Name	City and State	Degree/Diploma: Major Course of Study	Degree Received?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job:

Professional License/Certification No.	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any machines, equipment or software programs for which you are qualified and experienced in operating.

Primary language you speak fluently. Proficiency Level: Read Write Read & Write

Other language you speak fluently. Proficiency Level: Read Write Read & Write

Other language you speak fluently. Proficiency Level: Read Write Read & Write

If you are applying for a position which involves driving a motor vehicle in the course and scope of employment duties, please indicate if you have a valid driver's license. Yes No In which state? _____

Do you have Military Experience? Yes No If Yes, what branch? _____ Rank at separation: _____

*Social Security Number is requested for positions requiring a security clearance.

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all federal, state and local laws prohibiting employment discrimination solely on the basis of a person's race, religious creed, color, national origin, ancestry, physical disability, mental condition (including, but not limited to, cancer related or HIV related), marital status, sex, gender (including sex stereotyping), age, sexual orientation, military status, or any other protected status except where a reasonable, bona fide occupational qualification exists.



GENERAL INFORMATION

Can you, after employment, provide 2HB Software Designs with verification of your legal rights to work in the United States? Yes No

Are you at least 16 years old? If under 18, state age: _____ Yes No

Were you previously employed by 2HB Software Designs? If Yes, give dates: _____ Yes No

What was your employment status with 2HB Software Designs, Inc.? Full Time Part Time Contractor Not Applicable

Can you perform the essential functions of the job with or without reasonable accommodation? Yes No

How were you referred to 2HB Software Design? 2HB.com website Employee Referral Advertisement Other. Specify Source: _____

EMPLOYMENT HISTORY *List all work experience beginning with the present or most recent job (use additional paper, if necessary).*

MOST RECENT EMPLOYMENT

Name of Employer _____ Type of Business _____

Address _____ City _____ State _____ Zip Code _____

Dates Employed From (month/year)-To (month/year) _____ Title _____

Name of Supervisor _____ Title of Supervisor _____ Telephone Number of Supervisor _____

May we contact this employer to verify employment? Yes No Type of Employment: Full Time Part Time Contractor

Brief Description of Duties _____

Reason for Leaving _____ Last Salary _____

PREVIOUS EMPLOYMENT

Name of Employer _____ Type of Business _____

Address _____ City _____ State _____ Zip Code _____

Dates Employed From (month/year)-To (month/year) _____ Title _____

Name of Supervisor _____ Title of Supervisor _____ Telephone Number of Supervisor _____

May we contact this employer to verify employment? Yes No Type of Employment: Full Time Part Time Contractor

Brief Description of Duties _____

Reason for Leaving _____ Last Salary _____

PREVIOUS EMPLOYMENT

Name of Employer _____ Type of Business _____

Address _____ City _____ State _____ Zip Code _____

Dates Employed From (month/year)-To (month/year) _____ Title _____

Name of Supervisor _____ Title of Supervisor _____ Telephone Number of Supervisor _____

May we contact this employer to verify employment? Yes No Type of Employment: Full Time Part Time Contractor

Brief Description of Duties _____

Reason for Leaving _____ Last Salary _____

AGREEMENT Please read the following statement carefully.

I, the undersigned applicant, hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to ZHB Software Designs, herein after referred to the as "Company," any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and the Company, from liability for any damages that may result from furnishing same to the Company.

If employed by the Company, I agree to abide by the policies and procedures of the Company, which include the Company's Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of the Company or me. I further understand that no manager or representative of the Company other than the President of the Company any authority to enter into any agreement, oral or written, on behalf of the Company for a term of employment or to make any assurance or promise of continued employment.

I understand that the Company may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by the Company as part of the pre-employment background investigation and if hired, at any time during my employment. **California Applicants:** I further understand that the Company may obtain Public Records about me as part of an internal background investigation and that I may waive my rights to receive a copy of such Public Records by checking this box:

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.*

I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to the Company for its use. I understand that any positive drug or alcohol result may preclude my employment.

I understand that if I am offered employment by the Company, I will be required to sign an Arbitration Agreement that governs any disputes I may have with the Company, and a Non-Compete Agreement.

***EXEMPTIONS:** Federal, State, and local governments are not affected by the law. Also, the law does not apply to tests given by the federal government to certain private individuals engaged in national security-related activities. The law permits polygraph (a kind of lie detector) tests to be administered in the private sector, subject to restrictions, to certain prospective employees of security service firms.

Signature (Signature must be in blue ink)

Date