

APPLICATION FOR EMPLOYMENT

EQUITY MANAGEMENT II, LLC

An Equal Opportunity Employer

Equity Management II, LLC is an Equal Opportunity Employer and does not discriminate based on race, color, creed, religion, sex, age, marital status, national origin, sexual orientation, genetic information, or status as a veteran or qualified disabled person, or on any other basis prohibited by applicable laws.

1. Name: _____
Last First Middle

2. Address: _____
Number & Street City State Zip Code

3. Social Security Number: ____ - ____ - ____

4. Telephone Number with Area Code:
Day (____) _____ Evening (____) _____

5. Are you legally authorized to work in the United States without limited or restriction?

Equity Management II, LLC complies fully with the provisions of the Immigration Reform and Control Act of 1986 with respect to the employment eligibility of all employees to work legally in the United States. If you accept employment with Equity Management II, LLC, you will be required to demonstrate employment eligibility by completing Form I-9 and presenting acceptable documents from those listed on the back of that form within three (3) days of hire. Equity Management II, LLC does not discriminate in hiring or firing based upon an individual's national origin or citizenship.

6. Position applied for: _____ Full time: _____ Part time: _____

7. Salary Expected: \$ _____ Date Available: _____

8. Have you worked for Equity Management II, LLC before?
Yes _____ No _____
If yes, list dates, location, and position: _____

9. Have you applied for employment with Equity Management II, LLC before?

Yes _____ (Dates and position: _____) No _____

10. Education: (Only Job-related Education Will be Considered.)

Type	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Major Course Degree Received
Elementary		1 2 3 4 5 6 7 8		
High School		1 2 3 4		
College		1 2 3 4		
Trade/Business		1 2 3 4		
Other		1 2 3 4		

11. Subjects of study or research work: _____

12. List any special experiences, qualifications, or skills you have that you believe would help you do the job applied for: _____

13. List any special licenses or certifications you have that you believe would help you do the job applied for: (List licensing authority, license number and date of license for each.)

14. If required for the job you are seeking, do you type? Yes _____ No _____

Approximate Speed: Typing _____ wpm

15. Prior employment: (Give the following information for all present and previous employers, beginning with the most recent.)

Employer Name, Address and Phone Number	Dates of Employment	Job Title	Pay Rate	Were you ever Disciplined? (Warnings, Suspension, Discharge)	Reason for Leaving?
				Yes _____ No _____	
				Yes _____ No _____	
				Yes _____ No _____	

16. If you have had disciplinary problems with any previous employer, please describe the circumstances:

17. Professional References: Give below the names of three (3) persons with whom you have worked or studied under.

Name	Address	Position	Phone Number

18. Personal References: Give below the names of two (2) persons, not related to you, whom you have known at least two (2) years.

Name	Address	Phone Number	Relationship to You	Years Acquainted

19. Have you ever been convicted of or pled guilty to a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding?

Yes _____ No _____

If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation. (Do not list any criminal charges for which the records have been sealed or expunged. A criminal offense will not necessarily bar employment.)

20. Do you have a contractual agreement, such as a non-competition agreement, that could potentially limit your employment with us?

Yes _____ No _____

If you answered yes, please describe your circumstances.

Date

Signature of Applicant

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.

Date

Signature of Applicant

INFORMATION FOR APPLICANT - READ CAREFULLY BEFORE SIGNING

1. This application is valid for only thirty (30) days. If you have not been employed within thirty (30) days of your application, you must re-apply for a position

2. By my signature below, I agree to the following:

a. I consent to take any physical examinations, including but not limited to tests for alcohol or drugs that may be requested by Equity Management II LLC: (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans With Disabilities Act. I further authorize any health care professional or testing facility who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to Equity Management II, LLC. I understand that if my drug screen is positive for any illegal substance, that any offer of employment will be rescinded, or if I have already commenced work, I will be terminated.

b. I understand that Equity Management II, LLC may request a Consumer Reporting Agency to investigate and verify my background by asking for a consumer report in compliance with federal and state laws. If applicable to me, I consent to such report.

c. I understand that any false statements or omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.

d. I understand that any employment I might be offered by Equity Management II, LLC is at-will, of indefinite duration and not a contract, and that either I or Equity Management II, LLC can terminate that employment at any time with or without notice or cause, for any or no reason, and that no agreement to the contrary will be recognized by Equity Management II, LLC unless made in writing and signed by the President of Equity Management II, LLC. I also understand that nothing in this Application or any of the Company's practices, policies, or procedures in any way creates an express or implied contract of employment or warranty of any benefits. I further understand that satisfactory completion of my probationary period will not change my status as an at-will employee, and that Equity Management II, LLC reserves the right, at its sole discretion, to change any of the terms or conditions of my employment, written or unwritten, without prior notice and that none of such terms or conditions of my employment are contractual in nature or binding on Equity Management II, LLC.

e. I understand that none of Equity Management II, LLC's practices or policies are to be construed as imposing any binding obligations on the Equity Management II, LLC, and that they are subject to change or deletion at any time in Equity Management II, LLC's sole discretion.

f. I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact Equity Management II, LLC's Human Resources Manager, or the President immediately to obtain assistance in the resolution of those matters.

I have read this Employment Application and its attachments and I fully understand its contents. By my signature below, I hereby certify that I have answered all questions fully, have provided truthful and accurate answers to all questions, and have not omitted any information called for in the Application. I further agree that I am seeking employment with Equity Management II, LLC under the terms and conditions described in this Employment Application and its attachments.

Date

Signature of Applicant