



AUI, Inc.

AUI, Inc.
1600 W Pulaski Hwy
Elkton, MD 21921
(443) 715-0000

IMPORTANT, PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING YOUR APPLICATION:

This application must be FULLY COMPLETED for consideration. Do not leave any question or information block unanswered. If you do not know an answer to a question, write UNKNOWN in the block. If a question does not apply to you, place an N/A in the answer block or set of blocks. You may attach a resume to this application but resumes alone will not be considered for employment. DO NOT MARK THE APPLICATION "SEE RESUME".

SECTION 1) APPLICANT INFORMATION:

Last Name:	First Name:	Middle Initial:
Home Address:		
City:	State:	Zip Code:
Cell Phone:	Email Address:	

Position Applied for:	Application Date:
Type of Employment Desired: (Please circle one)	Full Time Part Time

- 1. Have you previously been employed by AUI, Inc.? ___Yes ___No
- 2. Can you provide proof of eligibility to work in the United States and Maryland ___Yes ___No
- 3. Are you able to meet attendance requirements which may include overtime, weekends and nights? ___Yes ___No

SECTION 2) EMPLOYMENT HISTORY:

- 1. **Have you ever been terminated or asked to resign from any job?** ___Yes ___No
(If Yes, please drop down for additional information)

2. Starting with your present employer, please account for your past work experience for the last 5 years. If applicable, please explain fully any gaps in your employment history in the sections provided. You may attach any supplement information you think might be useful. However, be sure to fill out this section completely. You are responsible for ensuring that the information requested is accurate and complete.



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SECTION 2) EMPLOYMENT HISTORY (CONTINUED)

Job Title:	Start Date:	End Date:
Employer Name:	Phone:	
Employer Address:		
Supervisor Name, Title and Contact Phone Number:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain on a separate sheet.		
Reason for Leaving:		
Nature of Work Performed and Job Responsibilities:		

Job Title:	Start Date:	End Date:
Employer Name:	Phone:	
Employer Address:		
Supervisor Name, Title and Contact Phone Number:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain on a separate sheet.		
Reason for Leaving:		
Nature of Work Performed and Job Responsibilities:		



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SECTION 2) EMPLOYMENT HISTORY (CONTINUED)

Job Title:	Start Date:	End Date:
Employer Name:	Phone:	
Employer Address:		
Supervisor Name, Title and Contact Phone Number:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If No, please explain on a separate sheet.</small>		
Reason for Leaving:		
Nature of Work Performed and Job Responsibilities:		

Job Title:	Start Date:	End Date:
Employer Name:	Phone:	
Employer Address:		
Supervisor Name, Title and Contact Phone Number:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If No, please explain on a separate sheet.</small>		
Reason for Leaving:		
Nature of Work Performed and Job Responsibilities:		

Please explain any gap in employment history here (if applicable) From Date: _____ To Date: _____ List reason below (i.e.: travel, school, etc.) If you need additional space, please attach a separate sheet to your application.



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Do you have a valid driver's license? Yes No N/A

Note: This information must be provided as a driver's license is a minimum requirement for certain positions within AUI Power. Please select the license class:

Do you have a Commercial Driver's License (CDL): Yes No

Class: A B C D ID Card Other

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No
 (If yes, drop down for detailed explanation)

SECTION 3) DRIVING EXPERIENCE:

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approximate # of Miles
Straight Truck				
Tractor & Semi-Trailer				
Tractor – 2 Trailers				
Other				

Accident Record For the Past (3) Years or More:

Dates	Nature of Accident	Fatalities	Injuries

Traffic Violations or Suspensions for the Past (3) Years or More:

Location	Date	Charge	Penalty



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SECTION 4) EDUCATION, TRAINING, CERTIFICATES, LICENSES & SKILLS

Qualifications: Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	City/State
School			
School			
Other			

Machinery / Equipment Operating Skills: List any specialized machinery or equipment that you can operate. Please include any certification dates of formal training received.

	Machinery	Equipment	Certificate Date
Skill			
Skill			
Skill			

SECTION 5) References

Please list three professional references not related to you, with full name, company, title and phone number.

Name	Company	Title	Phone

Referral: Who referred you to apply at AUI Power? _____



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Declaration and Certificate of Understanding & Permission to Obtain Information

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to investigate any of the facts set forth in this application or interview(s) and obtain references and verify prior employment, so that my application can be fully evaluated. I release the Employer from any liability related to review of my references and verification of my prior employment, and authorize the Employer to contact any listed references and prior employers on this application, unless I have otherwise stated in writing.

This application is not intended to and does not create a contract or offer of employment and, if hired, employment with the company would be on an at-will basis and could be terminated at the will of either party.

The company is an equal opportunity employer and considers applicants for all positions without regard to any legally protected status, including race, color, national origin, ancestry, religion, sex, disability, veteran status, age, marital status, sexual orientation, gender identity, or genetic information.

I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA. I also understand that if I need an accommodation to complete this application, I am obligated to request that accommodation from this employer.

I understand and acknowledge that as a condition of employment I may be required to take and pass a test for illegal drug use, and that, if hired, as a condition of continued employment, I may be subject to period illegal drug and/or alcohol screening.

Applicant 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 POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Applicant Signature: _____ Date: _____



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AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____, have made application for employment with AUI, Inc. The following is my authorization to release information to AUI, Inc. so that it can evaluate my application.

I hereby authorize any former employer to release any information regarding my employment history including, but not limited to, employment dates, job performance, ability, skills, and reason for leaving.

I agree to hold harmless AUI, Inc. its agents, my current or former employer(s) and any others for releasing any information regarding my employment history as described above.

I agree that a copy of this release shall be accepted as the original when utilized for investigation of my background for determining employment qualification.

Applicant Signature: _____ Date: _____

Printed Name: _____