

Operation Hire Maryland: Enrollment Application

Application Date:		
Full Company/Agency Name:		
Company/Agency Point of Contact Information		
Full Name:	Job Title:	
Email:	Office Phone:	
Physical Address: Street City, State Zip Code	Cell Phone: (optional)	
	Company Website:	
	Company Career Site: (optional)	
Mailing Address: (if different) Street City, State Zip Code	Company's Primary Industry:	
	Company Size: (number of employees) Small (1-50) Medium (51-300) Large (301-1000) Enterprise (1001+)	
Are you a veteran owned small business or service disabled veteran owned small business? (circle one) No Veteran Owned Small Business Disabled Veteran Owned Small Business	Are you registered with the Maryland Workforce Exchange? (mwejobs.maryland.gov) Yes No	
Hiring Information		
Where in Maryland do you typically hire? Single location Statewide	What type of employees do you hire? (circle all that apply) Full Time Part Time Contractor (1099) Temporary	
Operation Hire Maryland Information		
How many veterans (<i>veterans who live in Maryland</i>) do you pledge to hire in the coming year? (July 1 to June 30)		
How did you hear about Operation Hire Maryland?		
Printed Name:	Signature:	Date:
For Internal Use Only		
Date Received:	Date Reviewed:	Acceptance Letter Sent:

Please email completed application to dana.hendrickson@maryland.gov