

## Operation Hire Maryland: Enrollment Application

Application Date:		
Full Company/Agency Name:		
<b>Company/Agency Point of Contact Information</b>		
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:	
	<b>Company Size: (number of employees)</b> Small (1-50) Medium (51-300) Large (301-1000) Enterprise (1001+)	
<b>Are you a veteran owned small business or service disabled veteran owned small business? (circle one)</b> No Veteran Owned Small Business Disabled Veteran Owned Small Business	<b>Are you registered with the Maryland Workforce Exchange? (mwejobs.maryland.gov)</b> Yes No	
<b>Hiring Information</b>		
<b>Where in Maryland do you typically hire?</b> Single location Statewide	<b>What type of employees do you hire? (circle all that apply)</b> Full Time Part Time Contractor (1099) Temporary	
<b>Operation Hire Maryland Information</b>		
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?		
<b>Printed Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>For Internal Use Only</b>		
<b>Date Received:</b>	<b>Date Reviewed:</b>	<b>Acceptance Letter Sent:</b>