

APPLICATION For Employment

Pocomoke City, Maryland

“FRIENDLIEST TOWN on the EASTERN SHORE”

CITY HALL, 101 CLARKE AVENUE

P.O. BOX 29

POCOMOKE CITY, MD 21851

PHONE: 410-957-1333

FAX: 410-957-0939

(PLEASE PRINT OR TYPE)

NAME: _____ DATE: _____

ADDRESS: _____
P.O. Box or Street Address City State Zip

Telephone No.: _____ Best time to contact you: _____

Social Security No.: _____

Position(s) Applied For: _____

Have you ever filed an application with us before? _____ If yes, give date. _____

Have you ever worked for us before? _____ If yes, give date. _____

Do any of your friends or relatives work for us? _____. If yes, please list name, relationship, department worked:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
_____. *Proof of citizenship or immigration status will be required upon employment.*

If you are under 18 years of age, can you provide the required proof of your eligibility to work? _____.

Date available for work: ____/____/____. What is your desired salary range? _____.

Are you available to work: Full Time _____ Part Time _____ Temporary _____

Are you currently on “lay-off” status and subject to recall? _____

Do you have a valid driver’s license? ____ If yes, what state? _____. What class? ____ Give I.D. Number _____.

Have you ever been convicted of a crime, excluding misdemeanors and summary offences? _____.
If yes, describe in full. _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, age, non-job-related disability or handicap, marital or veteran status, or any other legally protected status.

EDUCATIONAL BACKGROUND:

School	Name and Address Of School	Course of Study	Years Completed	Diploma-/ Degree
High School				
Undergraduate				
College				
Graduate/				
Professional				
Other				
(Specify)				

WORK EXPERIENCE: Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary: Starting: _____	
Supervisor	Final: _____	May we contact this employer? _____
Reason for Leaving		

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Reason for Leaving		

Describe any specialized training, apprenticeship, skills and extra-curricular activities. _____

Describe any job-related training received in the United States Military. _____

List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal protected status.) _____

Summarize special job-related skills and qualifications acquired from employment /other experience.

List any other special skills or additional information you feel would be helpful to us in considering your application.

Have you ever been disciplined or fired? _____. If yes, why? _____

After reading the attached job description, please list any reason known to you why you might be unable to physically and mentally perform the particular job for which you are applying? _____

Are you presently using illegal drugs or alcohol? _____

PERSONAL/PROFESSIONAL REFERENCES: Do not include family members or past supervisors.

<u>Name and Address</u>	<u>Occupation</u>	<u>Phone No.</u>	<u>Best time to call</u>
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1. _____

2. _____

3. _____

AGREEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of any and all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment will be considered active for a period of six months. Any application wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all policies, rules and regulations of Pocomoke City.

Signature of Applicant

Date

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

THE TERM APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE AS USED IN THIS SUBTITLE DOES NOT INCLUDE A LAW ENFORCEMENT OFFICER AS DEFINED IN §727 OF ARTICLE 27, OR ANY EMPLOYEE OR ANY LAW ENFORCEMENT AGENCY OF THE STATE OF MARYLAND, OR ANY COUNTY, INCORPORATED CITY OR TOWN, OR OTHER MUNICIPAL CORPORATION.

Signature of Applicant

Date

POLICY OF NONDISCRIMINATION ON THE BASIS OF HANDICAPPED STATUS.

The City of Pocomoke City, Maryland does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs or activities. The City Manager's Office has been designated as the contact to coordinate efforts to comply with this requirement. Inquiries should be directed to:

The City Manager, City Hall, P.O. Box 29, Pocomoke City, Maryland 21851

APPLICANTS DO NOT WRITE BELOW THIS LINE.

Interview? _____ Date: _____ Time: _____

Result of interview: _____

References contacted: _____

Comments _____

Previous Employers Contacted: _____

Comments _____

Acceptable for employment? _____ Starting Date _____ Rate _____

Occupation or Position _____ Department _____

**APPLICANT DATA RECORD
AND
AFFIRMATIVE ACTION SURVEY**

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As an employer we comply with government regulations and affirmative action responsibilities.

Solely, to help us comply with government record keeping, reporting and other legal requirements, please fill out this Data Record. This Data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative
 Employment Agency Other _____

Name _____ Phone (____) _____
 LAST FIRST MIDDLE

Address _____
 NUMBER STREET CITY STATE ZIP CODE

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants.
This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check One: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual