

APPLICATION FOR EMPLOYMENT

TOWN OF EDMONSTON

5005 52ND AVENUE, EDMONSTON, MARYLAND 20781

301-699-8806 ♦ Fax 301-699-8203

The Town of Edmonston is an equal opportunity employer and does not discriminate against any employee or applicant for employment due to race, color, gender, age, marital status, sexual orientation, pregnancy, national origin, religion or belief, political affiliation or opinion, disability or any other legally protected or nonmerit factor

| | |
|------------------------------------|---|
| 1. Name (Last, First, Middle) | 4. Position you are applying for |
| Street Address | (Submit a separate application for each position.) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hourly |
| City, State, & Zip Code | 5. Date available for work |
| 2. Email Address | 6. Lowest pay you will accept |
| 3. Home Phone: (Include Area Code) | 7. Message/Business Phone: (Include Area Code) |

8. Have you been convicted or pled no contest to any criminal offense within the last ten years? (Conviction will not necessarily bar you from employment with the Town of Edmonston) Yes No If yes, please explain:

9. Do you have a valid Driver's License? Yes No Type of License: Commercial Non-commercial Class: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

List all other professional licenses, registrations, and certificates:

Type: _____ Number: _____ Expiration Date: _____
 Type: _____ Number: _____ Expiration Date: _____

11. List all machines or equipment, including office equipment, you can operate skillfully.

12. List all additional qualifications and skills:

Typing Speed: _____ W.P.M. Shorthand speed: _____ W.P.M.
 Additional qualifications and skills:

13. EDUCATION AND TRAINING

| TYPE OF SCHOOL | SCHOOL & LOCATION | DATES OF ENROLLMENT | GRADUATED? YES OR NO | MAJOR COURSES | DEGREE |
|----------------------|-------------------|---------------------|-------------------------|---------------|--------|
| HIGH SCHOOL OR GED | | | | | |
| TECHNICAL/VOCATIONAL | | | | | |
| UNDERGRADUATE | | | | | |
| GRADUATE | | | | | |

In this space below, list additional training, educational seminars or short courses completed.

14. References. List three persons who are not related to you and who have knowledge of your qualifications. Do not repeat supervisors listed under Experience Item 15.

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |
| | | |

15. Work History: **Complete the following sections even if you are submitting a resume in addition to this application. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU.** Begin with your most recent employment and include at least 10 years of work history. Attach additional sheets as necessary. Be concise, but do not omit information which may be relevant to the position for which you are applying.

| | | | |
|--|--------------|--------------------|------------------------------|
| A. Dates of Employment From: To: | | Job Title | Number of Persons Supervised |
| Salary: | Hrs Per Week | Name of Supervisor | Area Code and Phone |

Name and Address of Business or Employer

Reason for leaving:

| | |
|-------------------------------|------------------|
| May we contact this employer? | If not, why not? |
|-------------------------------|------------------|

Description of Duties:

| | | | |
|--|--------------|--------------------|------------------------------|
| B. Dates of Employment From: To: | | Job Title | Number of Persons Supervised |
| Salary: | Hrs Per Week | Name of Supervisor | Area Code and Phone |

Name and Address of Business or Employer

Reason for leaving:

| | |
|-------------------------------|------------------|
| May we contact this employer? | If not, why not? |
|-------------------------------|------------------|

Description of Duties:

| | | | |
|--|--------------|--------------------|------------------------------|
| C. Dates of Employment From: To: | | Job Title | Number of Persons Supervised |
| Salary: | Hrs Per Week | Name of Supervisor | Area Code and Phone |

Name and Address of Business or Employer

Reason for leaving:

| | |
|-------------------------------|------------------|
| May we contact this employer? | If not, why not? |
|-------------------------------|------------------|

Description of Duties:

| | | | |
|---|--------------|--------------------|------------------------------|
| D. Dates of Employment From: _____ To: _____ | | Job Title | Number of Persons Supervised |
| Salary: | Hrs Per Week | Name of Supervisor | Area Code and Phone |
| Name and Address of Business or Employer | | | |
| Reason for leaving: | | | |
| May we contact this employer? | | If not, why not? | |
| Description of Duties: | | | |
| E. Dates of Employment From: _____ To: _____ | | Job Title | Number of Persons Supervised |
| Salary: | Hrs Per Week | Name of Supervisor | Area Code and Phone |
| Name and Address of Business or Employer | | | |
| Reason for leaving: | | | |
| May we contact this employer? | | If not, why not? | |
| Description of Duties: | | | |
| 16. Are you related by blood or marriage to any Town of Edmonston employee(s) or any member of the Town of Edmonston Council? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, complete following: | | | |
| Name | Department | Relation | |
| | | | |
| | | | |
| 17. Have you ever been employed with the Town of Edmonston? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, answer questions below: | | | |
| A. Dates of Employment | | B. Position Held | |
| From: _____ | To: _____ | | |
| C. Reason for Leaving: | | | |
| 18. Are you legally authorized to accept work and remain in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Proof of identity and authorization will be required upon employment) | | | |
| 19. Are you currently 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, state your age: | | | |

20. Military Service

A. Have you ever served on active duty in the United States Military? Yes No
(Exclude tours of active duty for training as a reservist or National Guards.)

B. If Yes, list Dates, Branch and Serial or Service Number of All Active Service.
(Enter "N/A" if not applicable.)

FROM TO BRANCH OF SERVICE SERIAL or SERVICE No.

C. Have you ever been discharged from the armed services under other than honorable conditions? Yes No
(You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority.)

If Yes, give details on supplemental sheet.

21. Additional Information. Attach additional sheet(s) if necessary.

22. PLEASE READ CAREFULLY

- a. In submitting this application for employment, I authorize investigation of all statements contained therein. I hereby authorize The Town of Edmonston to make any contacts considered necessary to my employment, such as previous employers, criminal or credit bureau records. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed and any educational institution which I have stated I attended to furnish the Town any information they may have concerning me. I hereby release all such persons, organizations, and institutions from any claims for damages or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentations or omissions by me in this application will be sufficient cause for rejection of the application and/or for separation from Town of Edmonston employment.
- b. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for substance abuse. I also understand and agree that, if employed, I may be required to submit to an alcohol or substance abuse screening as required by Law and Town of Edmonston Policies and Procedures. I hereby consent to having the results of any such alcohol or substance abuse screening I may be required to undergo disclosed to the hiring official.
- d. I understand that this application is the property of the Town of Edmonston and will become part of my personnel file if I am accepted for employment. Driving record checks may be required on an applicant or employee who may be required to operate a Town or personal vehicle on Town business. This will also depend on the nature of the position and the insurance company's requirements. I hereby authorize the Town to obtain a complete driving history.

Acknowledged and understood:

SIGNATURE DATE

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE 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, EXCEPT LAW ENFORCEMENT OFFICERS AS DEFINED IN 727 OF ARTICLE 27, OR ANY EMPLOYEE OF ANY LAW ENFORCEMENT AGENCY OF THE STATE OF MARYLAND, OR ANY COUNTY INCORPORATED CITY OR TOWN, OR OTHER MUNICIPAL CORPORATION. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

Acknowledged and understood:

SIGNATURE DATE

