



APPLICATION FOR EMPLOYMENT
TOWN OF PRINCESS ANNE
 30489 Broad Street
 Princess Anne, MD 21853
 410.651.1818 Fax: 410.651.4226



website: www.townofprincessanne.org email: frontdesk@townofprincessanne.org

We appreciate your interest in employment with the Town of Princess Anne and assure you that we are interested in your qualifications. The information requested in this application will aid us in evaluating your qualifications. Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, genetic information or presence of a medical condition or handicap.

1. Name (Last, First, Middle)		5. Position you are applying for	
Address: Number & Street		6. Date of Application	
City, State, & Zip Code		7. Date available to work	
Employment Desired:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either	
Days/Hours Available to Work:		<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Any	
2. Social Security Number		8. Salary Desired	
3. Home Phone: (Include Area Code)		9. Are you legally authorized to accept work and remain in the United States? Yes No (Proof of identity and authorization will be required upon employment)	
4. Business/Cell Phone: (Include Area Code)			
10. Are you currently 18 years or older? If not, state your age:		Yes	No
11. Licenses:			
Do you have a valid Driver's License?		Yes	No
Driver License #		State:	Expiration Date:
Type of License:	Commercial	Non Commercial	Class:
What is your means of transportation to work?			
Have you had any accidents during the past 3 years?		If so, how many?	
Have you had any moving violations during the past 3 years?		If so, how many?	
List all other professional licenses, registrations, and certificates:			
Type	Number:		Expiration Date:
Type	Number:		Expiration Date:
12. List all machines or equipment, including office equipment, you can operate skillfully.			
Office only: List all relevant office skills, including typing, PC, Mac, etc.			

13. List all additional qualifications & skills:

14. EDUCATION AND TRAINING
CHECK HIGHEST GRADE COMPLETED

GRADE SCHOOL								HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL			
1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4	1	2	3	4

High School Name								College Name							
City				State				City				State			
Did you graduate? Yes No								Did you graduate? Yes No							
Or								Degree(s)							
Do you have a G.E.D. or equivalent?								Major _____ Minor _____							
Yes				No				Hrs. Completed							

List additional training and education completed, including business/trade/professional school.

15. References. List three persons who are not related to you and who have knowledge of your qualifications. Do not list previous supervisors/employers.

Name	Address	Phone

16. Experience. Starting with your current or most recent job, list all positions you have held in the last five years. If you consider it appropriate to this application, you may include as an addendum, positions held earlier than ten years ago. Be concise, but do not omit information, which may be relevant to the position for which you are applying. If you need additional blocks, use blank sheets.

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

Name and Address of Business or Employer:

Reason for Leaving (be specific):			
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?
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Description of duties:

17. Military Service Yes No Branch of Service

Serial or Service No. Dates of Service From: To:

Did your military service have any relationship to the position for which you have applied? Yes No

If yes, please explain

18. Are you related by blood or marriage to any City employee(s)? Yes No

If yes, complete the following:

Name	Department	Relation

19. Have you been employed with us before? Yes No 20. How did you hear about this job?

If Yes, answer questions below:

A. Dates of Employment	From:	To:	B. Position Held
C. Reason for leaving:			

21. Are you able to perform **all** of the duties and meet **all** of the requirements as listed in the job ad for the job which you are applying (listed in section 5) with or without accommodations? Yes No

22. Have you ever been convicted of a crime including DUI or DWI? Yes No

If yes, describe the conviction(s), date(s) it occurred, the facts and circumstances, and any facts pertaining to rehabilitation? (Do not list any criminal conviction which has been expunged. A criminal conviction will not necessarily bar employment).

PLEASE READ CAREFULLY

- a. 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.
- b. In submitting this application for employment, I authorize investigation of all statements contained therein. I hereby authorize the Town of Princess Anne 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 cancellation of the application or the separation from Town employment.
- c. 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 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 Town Government. I understand that this application is the property of Town Government and will be part of my personnel file if I am accepted for employment. Driving record checks may be required of 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.
- d. Any applicant who is selected for employment by the Town of Princess Anne must, as a condition of employment and before any offer of employment can be considered final, complete United States Department of Justice Immigration and Naturalization Service Form I-9 and provide acceptable documents that establish both identity and employment authorization as defined by Federal Regulation. The foregoing must be accomplished before employment and failure to do so will cancel any offer of employment with the Town of Princess Anne. The proposed employee has 5 working days within which to comply with these requirements.

Signature

Date

An Equal Opportunity Employer

Not as a requirement and on a voluntary basis, use the space below to provide any additional information helpful in evaluating your qualifications. Also, we welcome your comments on our job ads and employment process.