

CITY OF TANEYTOWN

APPLICATION FOR EMPLOYMENT

To applicant: We appreciate your interest in our organization, and will use this application in evaluating your qualifications for employment. Please answer all questions completely and accurately. A personal resume may be attached to supplement this application. In recognition of the ADA, if you do not understand the questions please ask and we will explain. This application will remain open for appropriate job openings for a period of one year.

The City firmly commits to a policy of equal employment opportunity for applicants and employees, consistently complying with local, state and federal laws. The City endeavors to employ qualified persons without discrimination in regards to race, age, religion, sex, color, national origin, physical/mental disability, veteran status or status in any other group protected by federal/state/local law. False or misleading statements on this form are grounds for termination of the application process or, if discovered after employment, termination of employment. This is not an employment contract.

Position Applied For (Be Specific) _____ Date _____

Name _____
Last First Middle Maiden
(If you have worked under this name)

Address _____
Street City State Zip Code

Social Security Number _____ - - Date of Birth _____
(Complete only if under 18 years of age)

Home Phone Number(____) _____ Best time to reach you _____

Is there another phone # where you can be reached? _____ At what time? _____

If offered a position, within three days of starting your employment, would you be able to prove your eligibility to work according to the Immigration Reform and Control Act? _____

Are you employed now? _____ May we contact your present employer? _____

Are you interested in ___ full-time or ___ part-time work? Rate of pay expected? _____

Are you available for overtime work (evening and weekend) if necessary? _____

If applying for a position that requires driving a City vehicle, please provide the following information:

Driver's License Number _____ State _____ Expiration Date _____

CRIMINAL RECORD

Have you ever been convicted of a crime? Yes ___ No ___ If "yes" please explain _____

SKILLS AND KNOWLEDGE

Use the following space to list skills, knowledge or training you possess which relates to the positions(s) for which you are applying. Include any experience you may have working with computers.

Most of our positions require bending, lifting up to 50 pounds, standing, pushing, pulling, climbing, stooping, and sitting for extended periods of time. Do you know of any reason why you cannot handle the above? Yes _____ No _____

EDUCATION

Please circle the highest grade successfully completed 7 8 9 10 11 12 13 14 15 16 16+ GED

Name and Location of School	# of Yrs. Attended	Subjects Studied
High School		
College/University		
Technical, Business, Correspondence School or Other		

PERSONAL REFERENCES

List the names of persons who you have known for at least one year and not a relative and those who can attest to your employment ability.

Name	Address	Phone #	Occupation

EMPLOYMENT HISTORY

Start with your most recent or current employer. Please answer every question in this section, and include military history and rank.

Employer's/Company Name _____
 Address _____ Phone # _____
 Type of Business _____ Name & Title of Supervisor _____
 Date Hired _____ Date Left _____ Rate of Pay _____
 Your Job Title _____ Duties _____
 Reason for Leaving _____ May we contact? _____

Employer's/Company Name _____
 Address _____ Phone # _____
 Type of Business _____ Name & Title of Supervisor _____
 Date Hired _____ Date Left _____ Rate of Pay _____
 Your Job Title _____ Duties _____
 Reason for Leaving _____ May we contact? _____

Employer's/Company Name _____
 Address _____ Phone# _____
 Type of Business _____ Name & Title of Supervisor _____
 Date Hired _____ Date Left _____ Rate of Pay _____ Your
 Job Title _____ Duties _____
 Reason for Leaving _____ May we contact? _____

Have you ever been terminated or disciplined for violating an employer's policy? Yes ___ No ___

If yes, please describe: _____

PLEASE READ BEFORE SIGNING

I hereby certify that the information given by me in this application is true and complete, and understand that if employed, false statements or omission of facts called for on this application shall be grounds for immediate dismissal. I authorize investigation of all statements contained in or with my application. I authorize all persons, schools and companies to release any information concerning my background and hereby release said persons, schools or companies from any liability for any damage whatsoever for issuing this information.

I understand and agree that if offered a job, the first 365 days of employment shall constitute a training/orientation period. After successful completion of this training/orientation period I will be considered a regular employee.

APPLICANT SIGNATURE _____ **DATE** _____

I, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the City of Taneytown, Maryland, whether the said records are public or private, and including those which may be deemed to provide information which will be utilized for investigative resource material.

I, authorize the full and complete disclosure of the records of educational institutions; financial or credit institutions; and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, efficiency ratings, complaints or grievances filed by or against me; records of complaints or grievances filed by or against me, and including, but not limited to the records and recollections of attorneys at law, or of other counsel representing or have represented myself or another person in any case in which I presently have, or have had an interest.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

I understand the misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Maryland law prohibits employers from requiring or demanding applicants to take a polygraph, lie detector or similar test as a condition of employment or continued employment.

SIGNATURE _____ **DATE** _____

Applicant - Do Not Write Below This Line

Hiring Authorization

Starting date _____ Position title _____ Pay _____ Rate of _____

Approval signature _____ Date _____

ORIENTATION

- | | |
|--|--|
| _____ W-4 - MW507 | _____ I-9 Form |
| _____ Explain payroll policies, work rules, expectations | _____ Explain holiday & vacation eligibility |
| _____ Provide copy of City Employee Handbook | _____ Insurance benefits effective (Date) |

Name of person, above employee wants the company to contact in case of emergency

_____ Phone # _____