

Employment Application

In considering your application for employment, the Town may conduct a detailed and thorough investigation which may include, but is not limited to, a criminal record check, credit report, interviews or inquiries of prior employers, coworkers, acquaintances, relatives, or friends. Please initial and date your agreement to such a background investigation and that same may be repeated periodically for sensitive or law enforcement positions as required.

X

Date: _____

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PERSONAL INFORMATION			
Last Name	First	Initial	Social Security # - -
Other Name(s) Used			Home Telephone # () -
Home Address			Business/Mobile # () -
Position Applied For	Referred By		Salary Desired \$ _____ per
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you work <input type="checkbox"/> Full time <input type="checkbox"/> Part time Specify days and hours if part-time			
In case of an accident or emergency, whom do we contact? Name:			
Address:		Phone No.: () -	Relationship:
Have you interviewed/been employed by the Town of Forest Heights before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), and job title(s)	
Have you ever been employed by the Town of Forest Heights before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), and job title(s)	
Do you have any relatives employed by the Town of Forest Heights before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), and job title(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License #	State
Have you ever been convicted of a crime? If yes, please detail the offense(s), date(s), court findings, sentence(s) below and on an additional 8½ x 11 page as needed in this format:			
Offense: _____		Date: _____	Court: _____
Findings: _____			
Sentence: _____		Completion Date: _____	
EDUCATION			
Select Highest Grade Completed:		High School: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	
College, Trade or Business: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Graduate Studies: <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	
School	Address	Major Studies	Degree/Diploma, License of Certificate
List any Professional Designations/Certifications/Licenses held:			
Indicate foreign languages you can speak, read or write & degree of proficiency (Beg, Int, Fluent)			
Describe any specialized training, apprenticeship, skills & extra-curriculum activities:			
For Clerical Applicants Only: Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, WPM:			
Computer Skills (Hardware/Software)			

Please list current position first, going back ten (10) years. Include job-related and volunteer activities.

EMPLOYMENT HISTORY			
Employed From	Employer Name	Supervisor Name	Starting Salary \$ per
Employed Until	Employer Address	Supervisor Phone # () -	Ending Salary \$ per
Job Title:		Reason for Leaving:	
Duties & Responsibilities:			

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Employed Until	Employer Address	Supervisor Phone # () -	Ending Salary \$ per
Job Title:		Reason for Leaving:	
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Employed Until	Employer Address	Supervisor Phone # () -	Ending Salary \$ per
Job Title:		Reason for Leaving:	
Duties & Responsibilities:			

Have you ever been discharged/terminated/fired or asked to resign by any employer? Yes No

Have you ever been bonded? Yes No If yes, on which job? _____
 May we contact the employers listed above? Yes No
 If not, indicate which one you do wish to be contacted and why. _____

Will you work:

Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No	What Days <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	What times?
Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays as needed <input type="checkbox"/> Yes <input type="checkbox"/> No	On call as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Days <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat	What times?

How did you learn of the position or the Town of Forest Heights, Maryland?

Have you a friend, relative, acquaintance, mentor, former supervisor or past instructor employed by the Town? Yes No If yes, in what position? _____

Please initial each of the following statements to signify your understanding and agreement at this time.

I certify that the information contained in this application (and accompanying résumé, if any) is true, correct and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date. X_____

I authorize a thorough investigation of my past employment, education and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and/or entities requesting or supplying information from any damages that may result. I authorize the Town of Forest Heights, Maryland, known as the Town hereafter in this document, to request and receive such information. X_____

I understand that employment with the Town of Forest Heights, Maryland is at-will, which means that I may terminate the employment relationship at any time for any reason with or without notice, and that the Town of Forest Heights, Maryland has the same right. I understand that no one may alter the at-will nature of my employment except the Mayor, or designee, and then only in a written and/or notarized agreement. I understand that if I am employed, I will conform to the rules and regulations of the Town of Forest Heights, Maryland. X_____

I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the Town at any time at the Town's sole option and without any prior notice to me. X_____

I understand that an offer of employment is contingent upon satisfactory completion/result of the following: a post-offer medical examination (including lab work and drug screening); a reference, background and criminal history check; integrity and/or skills testing; proof of legal authority to work in the United States under federal immigration laws; and completion of the introductory period. X_____

I acknowledge being advised that this application will remain active for no more than 6 months from the date it was made. Submission of this application neither automatically results in an employment interview nor a job offer. The Town is an Equal Opportunity Employer. X_____

Further testing, interview and or medical examination may be required by the Town at a later date. X_____

Signing your name below on the signature line conveys your acknowledgement and authorization of the above statements.

THE FACTS SET FORTH ABOVE IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

Print Candidate's Name

Today's Date

Signature of Applicant

Best Time to Call: _____

The Town of Forest Heights is an equal opportunity/affirmative action employer. All qualified applications will be considered without regard to age, race, color, sex, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

CONFIDENTIALITY STATEMENT: This communication, including attachments, is for the exclusive use of addressee and may contain proprietary, confidential or privileged information. If you are not the intended recipient, you are hereby notified that any disclosure, use, copying, dissemination, distribution or taking of any action in reliance on the content of this information is strictly prohibited. If you are not the intended recipient, please notify the sender immediately and delete this communication and destroy all copies. Thank you.