CITY OF FROSTBURG

APPLICATION FOR EMPLOYMENT

CITY HALL
59 E. MAIN STREET, P.O. Box 440
FROSTBURG, MARYLAND 21532

POSITION APPLIED FOR: _____ DATE OF APPLICATION: _____

GENERAL INFORMATION

NAME_____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ LENGTH OF TIME AT LAST ADDRESS _____

_____ UNITED STATES CITIZEN? YES _____ NO _____

CITY *STATE* *ZIP*

TELEPHONE NUMBER _____ WHEN ARE YOU ABLE TO WORK? FULL-TIME PART-TIME SEASONAL

HAVE YOU BEEN EMPLOYED BY THE CITY OF FROSTBURG BEFORE? YES _____ NO _____

IF YES, PLEASE LIST POSITION(S) AND DATE(S) _____

DO YOU HAVE RELATIVES WORKING FOR THE CITY OF FROSTBURG? YES _____ NO _____

IF YES, PLEASE LIST NAME(S) AND RELATIONSHIP(S) _____

MILITARY INFORMATION

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? YES _____ NO _____

BRANCH OF SERVICE _____ DATES OF SERVICE _____

DESCRIBE SERVICE EXPERIENCE: _____

EDUCATION

HIGH SCHOOL:

NAME OF SCHOOL(S) ATTENDED AND ADDRESS COURSE OF STUDY DEGREE AWARDED

_____

_____

COLLEGE/UNIVERSITY:

NAME OF SCHOOL ATTENDED AND ADDRESS COURSE OF STUDY DATES ATTENDED

_____

_____

DEGREES EARNED PERTINENT COURSEWORK

_____

_____

OTHER ADDITIONAL EDUCATION OR TRAINING:

TYPE OF TRAINING SOURCE DATES ATTENDED

_____

_____

OTHER PERTINENT JOB SKILLS, LICENSES, CERTIFICATIONS, COMMERCIAL DRIVERS LICENSE, ETC.:

_____

_____

REFERENCES

USE THREE EMPLOYMENT, PERSONAL, AND/OR EDUCATIONAL REFERENCES WHO WE MAY CONTACT FOR THE PURPOSE OF OBTAINING INFORMATION RELATING TO YOUR PREVIOUS EMPLOYMENT, EDUCATIONAL ACCOMPLISHMENTS, OR PERSONAL CHARACTER.

_____

_____

_____

NAME *ORGANIZATION* *ADDRESS* *PHONE NUMBER*

WORK EXPERIENCE

BEGINNING WITH YOUR PRESENT OR LAST JOB, LIST THE THREE MOST RECENT POSITIONS YOU HAVE HELD. IF ADDITIONAL SPACE IS REQUIRED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

_____

EMPLOYER *EMPLOYER'S ADDRESS* *JOB TITLE* *SUPERVISOR'S NAME*

_____

DATES WORKED *STARTING HOURLY RATE/SALARY* *ENDING HOURLY RATE/SALARY*

_____

WORK PERFORMED *REASON FOR LEAVING*

_____

EMPLOYER *EMPLOYER'S ADDRESS* *JOB TITLE* *SUPERVISOR'S NAME*

_____

DATES WORKED *STARTING HOURLY RATE/SALARY* *ENDING HOURLY RATE/SALARY*

_____

WORK PERFORMED *REASON FOR LEAVING*

_____

EMPLOYER *EMPLOYER'S ADDRESS* *JOB TITLE* *SUPERVISOR'S NAME*

_____

DATES WORKED *STARTING HOURLY RATE/SALARY* *ENDING HOURLY RATE/SALARY*

_____

WORK PERFORMED *REASON FOR LEAVING*

AGREEMENT

I HEREBY CERTIFY THAT ALL OF THE ANSWERS GIVEN AND STATEMENTS MADE ARE TRUE AND CORRECT. I HEREBY AUTHORIZE ALL MY PREVIOUS EMPLOYERS OR REFERENCES TO FURNISH ANY INFORMATION CONCERNING MY PERSONAL CHARACTER, WORK HABITS, OR EMPLOYMENT RECORDS. I HEREBY RELEASE ALL SUCH PERSONS FROM LIABILITY OR DAMAGES INCURRED AS A RESULT OF INQUIRY AND FURNISHMENT OF THIS INFORMATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE.

_____

SIGNATURE OF APPLICANT DATE OF APPLICATION

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT (OR PROSPECTIVE EMPLOYMENT) OR ANY EMPLOYEE TO SUBMIT TO 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 $100.00.

THIS STATEMENT NOT APPLICABLE TO LAW ENFORCEMENT OFFICERS

_____

SIGNATURE OF APPLICANT DATE OF APPLICATION

NOTICE TO APPLICANTS AND EMPLOYEES
WE ARE PROUD TO BE A DRUG-FREE WORKPLACE. SCREENING TESTS FOR ALCOHOL AND ILLEGAL DRUG USE MAY BE REQUIRED BEFORE HIRING AND DURING YOUR EMPLOYMENT HERE.

EOE/ADA STATEMENT

IT IS THE POLICY OF THE CITY OF FROSTBURG TO ENSURE EQUAL EMPLOYMENT OPPORTUNITY FOR ALL APPLICANTS. THIS COMMITMENT INCLUDES A MANDATE TO PROMOTE AND AFFORD FAIR AND EQUAL TREATMENT AND SERVICES TO ALL CITY RESIDENTS, CITY REPRESENTATIVES, EMPLOYEES, AND APPLICANTS TO ASSURE TO ALL PERSONS EQUAL EMPLOYMENT OPPORTUNITY BASED ON ABILITY AND FITNESS REGARDLESS OF RACE, RELIGION, COLOR, CREED, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE, OR THE PRESENCE OF ANY SENSORY, MENTAL, OR PHYSICAL DISABILITY UNLESS SUCH DISABILITY EFFECTIVELY PREVENTS THE PERFORMANCE OF ESSENTIAL DUTIES REQUIRED OF A POSITION AND WHICH ARE BONAFIDE OCCUPATIONAL QUALIFICATIONS WHICH CANNOT BE ACCOMMODATED WITHOUT UNDUE HARDSHIP.

RETURN APPLICATION TO:

CITY OF FROSTBURG
ATTN: JOHN R. KIRBY, JR., CITY ADMINISTRATOR
P.O. BOX 440
FROSTBURG, MD 21532

VOICE NUMBER: 301-689-6000
FAX NUMBER: 301-689-2840

CITY OF FROSTBURG

AFFIRMATIVE ACTION DATA FORM

CITY HALL
59 E. MAIN STREET, P.O. Box 440
FROSTBURG, MARYLAND 21532

AS A PART OF THE CITY OF FROSTBURG'S POLICY ON NONDISCRIMINATION AND IT AFFIRMATIVE ACTION/EQUAL OPPORTUNITY PROGRAM, ALL APPLICANTS FOR EMPLOYMENT ARE REQUESTED TO VOLUNTARILY COMPLETE AND RETURN THIS FORM TO THE OFFICE OF THE CITY ADMINISTRATOR WITHIN ONE WEEK OF RECEIPT. THIS FORM IS USED BY THE OFFICE OF THE CITY ADMINISTRATOR IN THE ATTEMPT TO MONITOR AND ENHANCE AFFIRMATIVE ACTION EFFORTS AND EQUAL OPPORTUNITY EMPLOYMENT PRACTICES.

DATE: _____ ARE YOU A VETERAN OF THE VIETNAM ERA? YES ___ NO ___

NAME: _____ ARE YOU A DISABLED VETERAN? YES ___ NO ___
TITLE FIRST NAME LAST NAME

POSITION APPLIED FOR: _____

SEX: FEMALE _____ MALE _____ SOURCE OF REFERRAL: _____
(NEWSPAPER, PROFESSIONAL JOURNAL, PLACEMENT AGENCY, ETC.)

ETHNIC GROUP:

_____ AMERICAN INDIAN/ALASKAN NATIVE

_____ ASIAN OR PACIFIC ISLANDER

_____ BLACK/AFRICAN AMERICAN (NON-HISPANIC)

_____ HISPANIC (ALL SPANISH ORIGINS)

_____ OTHER, PLEASE SPECIFY _____

AMERICAN CITIZEN? YES _____ NO _____ IF NO, DO YOU HAVE AUTHORIZATION TO WORK IN THE UNITED STATES?

_____

DO YOU HAVE ANY DISABILITY FOR WHICH THE CITY OF FROSTBURG MIGHT MAKE ACCOMMODATIONS TO ENABLE YOU TO PERFORM IN THE POSITION BEING APPLIED FOR? YES _____ NO _____

IF YES, PLEASE INDICATE NEEDED ACCOMMODATIONS (ATTACH ADDITIONAL SHEET IF NECESSARY):

_____

_____

_____

_____

_____