

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 (please 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 currently employed? _____ 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 _____

SKILLS AND KNOWLEDGE:

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

Many of our positions require bending or lifting up to 50 pounds, standing, pushing, pulling, climbing, stooping or sitting for extended periods of time. Do you know of any reason why you are not able to do any of these activities? Yes _____ No _____

EDUCATION:

Please circle the highest grade level you successfully completed 7 8 9 10 11 12 or GED

Name and location of school	# of years 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, who are not a relative and who can attest to your employment ability.

Name	Address	Phone number or email	Occupation

EMPLOYMENT HISTORY:

Begin 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 _____ Last day of employment _____
 Job Title _____ Duties _____
 Reason for Leaving _____ May we contact? _____

Employer's/Company Name _____
 Address _____ Phone # _____
 Type of Business _____ Name & Title of Supervisor _____
 Date Hired _____ Last day of employment _____
 Job Title _____ Duties _____
 Reason for Leaving _____ May we contact? _____

Employer's/Company Name _____
 Address _____ Phone # _____
 Type of Business _____ Name & Title of Supervisor _____
 Date Hired _____ Last day of employment _____
 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 statement 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 employment, 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; and including, but not limited to the records and recollections of attorneys at law, or of other counsel representing or having 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 _____ Rate of pay _____

Approval signature _____ Date _____

ORIENTATION

- | | |
|--------------------|---|
| _____ I -9 | _____ Explain holiday & vacation eligibility |
| _____ W-4 | _____ Insurance benefits effective date _____ |
| _____ MW – 507 | _____ Explain payroll policies, work rules, expectations |
| _____ PA local tax | _____ Provide copy of City Employee Handbook and IT Policies Handbook |

Name of person employee wants contacted in case of emergency _____ phone number _____