Town of Ocean City

P.O. Box 158
Ocean City, MD 21843
410 289-8822
www.town.ocean-city.md.us

Employment Application *(Please Print)*

Applicants for all positions are considered without regard to race, color, religion, sex, national origin, age, marital status, or the presence of disabilities.

Date of Application: _____/_____/_____

Position Applied For: Ocean City Beach Patrol

Referral Source: ☐ Recruiting Team ☐ Former/Current Employee ☐ College Sources
☐ Internet ☐ Advertisement ☐ Walk-in
☐ Employment Agency ☐ Other: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone: ( )_____-_____ Social Security Number: _____-_____-_____

Are you at least 18 years of age? ☐ Yes ☐ No

Have you ever been employed by the Town of Ocean City before? ☐ Yes, Date: _____/_____/_____ ☐ No

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?
☐ Yes ☐ No *(Proof of citizenship, permanent resident status or immigration status entitling you to engage in employment in the U.S. will be required prior to employment.)*

The date you are available for work. _____/_____/_____

Available to work: ☐ Full Time ☐ Part-Time ☐ Seasonal/Temporary ☐ All

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Have you ever been convicted of a felony ☐ Yes ☐ No
(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain: _____

_____

Equal Employment Opportunity/Affirmative Action Employer

(Revised 3/2004)

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities

1	Employer Address Job Title Supervisor Ph. Number Reason for Leaving	Dates Employed From: _____/_____/_____ To: _____/_____/_____ Hourly Rate/Salary Starting: _____ Final: _____	Describe work Performed
2	Employer Address Job Title Supervisor Ph. Number Reason for Leaving	Dates Employed From: _____/_____/_____ To: _____/_____/_____ Hourly Rate/Salary Starting: _____ Final: _____	Describe work Performed
3	Employer Address Job Title Supervisor Ph. Number Reason for Leaving	Dates Employed From: _____/_____/_____ To: _____/_____/_____ Hourly Rate/Salary Starting: _____ Final: _____	Describe work Performed

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize your special skills, qualifications or other experiences:

_____

_____

_____

_____

_____

Education

	Elementary/Middle	High	College University	Graduate/Professional
School Name				
Years Completed: (Circle)	1 2 3 4 5	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe specialized training, apprenticeship, skills and extra-curricular activities:				

Honors Received:_____

Provide any additional information you feel may be helpful to the evaluation of your application

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not a contract of employment.

If offered employment, I further understand that I may be required to pass a job-related physical examination.

Signature of Applicant Date

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED $100.00.

The term "applicant for employment or prospective employment or any employee" as used in this subtitle does not include: (i) A law enforcement officer as defined in 727 of Article 27, (ii), Any employee of any law enforcement agency of the State of Maryland, or any county, incorporated city or town, or other municipal corporation.

I hereby acknowledge that I have read and fully understand the above.

Print Form

Signature of Applicant Date

Veteran of the U.S. Military Service? ☐ Yes ☐ No If yes, Branch_____

Special Employment Notice to Disabled Veterans,
Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

The Rehabilitation Act of 1973 allows you to voluntarily and confidentially identify yourself as handicapped and to indicate the nature of such handicap.

Providing this information is voluntary and will not result in adverse treatment.

Handicapped? ☐ Yes ☐ No If so, nature of handicap_____

The Vietnam Era (8/64-1/73) Veterans Readjustment Assistance Act enables us to give special employment consideration to qualified veterans. Providing this information is voluntary and will not result in adverse treatment.

Are you a Vietnam Era Veteran? ☐ Yes ☐ No Date of Discharge: _____/_____/_____

Are you a disabled Vietnam Era Veteran? ☐ Yes ☐ No

Signed_____

List professional, trade, business and civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin):

_____

_____

_____

Give name, address and telephone number of three employer, co-workers or other professional references who are familiar with your capabilities.

_____

_____

_____