Town of Ocean City

Ocean City Police Department
P.O. Box 759
Ocean City, MD 21843-0759
410 723-6609
www.ocpdmd.com

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: _____

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: ( ) _____- _____ 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 3/2011)

Employment Experience

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

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

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)	4 5 6 7 8	9 10 11 12	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 Social Security Number 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.

Signature of Applicant Date

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 Disabilities

The Rehabilitation Act of 1973 allows you to voluntarily and confidentially identify yourself as *Disabled and* to indicate the nature of such *Disability.*

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

Disabled? ❑ Yes ❑ No If so, nature of Disability _____

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 employers, co-workers or other professional references who are familiar with your capabilities.

_____

_____

_____

Applicant Data Record

Applicants are considered for position(s) applied for without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or disability.

As employers, we comply with government regulations and affirmative action responsibilities.

Completion of this form is strictly VOLUNTARY. Your cooperation in providing this information will help us comply with government record keeping, reporting and other legal requirements - Thank You.

This data will be kept in a Confidential File separate from the Application for Employment.

(Please Print) Date:_____/_____/_____

Position Applied For:_____

Referral Source: ❑ Advertisement ❑ Walk-in ❑ Employment Agency ❑ Other

Name_____

Last First Middle

_____

Address Number Street City State Zip code

Telephone (_____) _____ - _____

Affirmative Action Survey

Government Agencies require periodic reports on the sex, ethnic, disabled and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: ❑ Male ❑ Female

Race/Ethnic Group:

Check appropriate box: ❑ White ❑ Black ❑ Hispanic

❑ American Indian/Alaska Native

❑ Asian/Pacific Islander

Check if any of the following are applicable:

❑ Vietnam Era Veteran ❑ Disabled Veteran

❑ Disabled Individual

Revised 3/2011

Attention All Applicants

Town of Ocean City

All Applicants for full-time and temporary employment must pass a Drug-Screening Test before employment can occur.