

Town of Ocean City

P.O. Box 158
Ocean City, MD 21843
410 289-8822
www.oceancitymd.gov



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
 Town's Website Advertisement Walk-In
 State Job Service Where: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Home Phone: () ____ - ____ Cell Phone: () ____ - ____ Email: _____

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 4/2/2012)

Employment Experience

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

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

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

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.
