



# 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, gender identity, sexual orientation, pregnancy, marital or familial status, national origin, age, disability, military service, or other non-merit-based factors in accordance with applicable laws.*

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

***Equal Employment Opportunity/ Affirmative Action Employer***

## ***Employment Experience***

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

<b>1</b>	Employer	Dates Employed: From: ___ / ___ / ____ To: ___ / ___ / ____  Describe work Performed: _____ _____ _____
	Address	
	Job Title	
	Supervisor	
	Reason for Leaving	
<b>2</b>	Employer	Dates Employed: From: ___ / ___ / ____ To: ___ / ___ / ____  Describe work Performed: _____ _____ _____
	Address	
	Job Title	
	Supervisor	
	Reason for Leaving	
<b>3</b>	Employer	Dates Employed: From: ___ / ___ / ____ To: ___ / ___ / ____  Describe work Performed: _____ _____ _____
	Address	
	Job Title	
	Supervisor	
	Reason for Leaving	

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

School Name	High				College/University				Graduate/Professional			
Years Completed: (Circle)	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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.

---

---

---



# 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 affirmation 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: \_\_\_\_\_

Name (Last) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

## Affirmation Action Survey

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

Check one:  Male  Female

## ETHNIC GROUP (please check one):

- Hispanic or Latino:** persons of Mexico, persons of Mexic, Puerto Rico, Cuban, Central or South America, or other Spanish culture or origin, regardless of race (if you have selected this category, do not select from the racial groups below)
- Non-Hispanic/Latino:** (if you have selected this category, do not select from the racial groups below)

## Select one of the following racial categories:

- White:** person having origins in the original people of Europe, North Africa, or the Middle East
- Black or African American:** person having origins in the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander:** person having origins in the people of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian:** person having origins in the original people of the Far East, Southeast Asia, of the Indian Sub continent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
- American Indian or Alaskan Native:** person having origins to the indigenous people of North or South America, and who maintain cultural identification through tribal affiliation or community attachment
- Two or More Races:** person who identify with more than one of the above races

## Decline Self-Identification:

If you do not wish to self identify your gender, ethnicity or race, please check the box below:

- I do not wish to self identify**