

TOWN OF UPPER MARLBORO, MD – APPLICATION FOR EMPLOYMENT

Date: ____/____/____ Position applied for: _____ Salary requirements: _____

Full legal name: _____ Social Security #: _____-_____-_____

Have you ever gone by another name? Yes No If yes, please list name: _____

Current address: _____

Previous address (if less than 3 years): _____

Home phone: _____ Daytime #: _____ E-mail: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position.

Section A – INSTRUCTIONS TO APPLICANT

Please fully and accurately complete the Application for Employment. Incomplete applications will not be considered. The Town will use the information given in the application to verify your previous employment and background. The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment. Resumes will not be accepted in lieu of completed applications, but will be considered supplemental information. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

Section B – GENERAL INFORMATION

1. Have you filed an application with the Town before? Yes No If yes, approx. date: _____
2. Have you been employed by the Town before? Yes No If yes, approx. date: _____
3. If employed in the position for which you have applied, would you be in a supervisor/subordinate relationship to any relative or member of your household? Yes No If yes, please list name: _____
4. Have you ever been discharged or asked to resign from any previous employment? Yes No If yes, please explain: _____
5. If you are hired or transferred into a position that requires the operation of a vehicle, we will require a Motor Vehicle Administration (MVA) investigation. Do you authorize investigation of your MVA record? Yes No
Driver's license #: _____ State: _____ Expiration date: _____
6. Have you ever been convicted of any violation of the law other than minor traffic violations? Yes No
If yes, give date, place of conviction, charge, and disposition (*Note: A conviction record will not necessarily bar you from employment. Each application will be individually considered on its own merits, taking into account such factors as the nature and seriousness of the violation, how long ago it occurred and rehabilitation*): _____
7. Are you currently under any obligation pursuant to an existing contract of employment, or for payment of placement fees to an employment service? Yes No If yes, explain: _____
8. If necessary, are you able to be bonded? Yes No
9. How were you referred to us? Please specify: _____

Section C – WORK EXPERIENCE

Please fill out the application completely, even if doing so duplicates your resume, beginning with your current or most recent employment. Attach additional sheets as needed. May we contact your current employer? Yes No

Company name:	Job title:	Dates from: / to: /
Street address:	Name and position of supervisor:	Starting salary: per
City, state, ZIP:		Ending salary: per
Telephone:		Reason for leaving:
Duties/equipment operated:		
Company name:	Job title:	Dates from: / to: /
Street address:	Name and position of supervisor:	Starting salary: per
City, state, ZIP:		Ending salary: per
Telephone:		Reason for leaving:
Duties/equipment operated:		
Company name:	Job title:	Dates from: / to: /
Street address:	Name and position of supervisor:	Starting salary: per
City, state, ZIP:		Ending salary: per
Telephone:		Reason for leaving:
Duties/equipment operated:		
Company name:	Job title:	Dates from: / to: /
Street address:	Name and position of supervisor:	Starting salary: per
City, state, ZIP:		Ending salary: per
Telephone:		Reason for leaving:
Duties/equipment operated:		

Section D – PERSONAL REFERENCES

Name:	Telephone:
Street address:	Relationship:
City, state, ZIP:	How long have you known:
Name:	Telephone:
Street address:	Relationship:
City, state, ZIP:	How long have you known:
Name:	Telephone:
Street address:	Relationship:
City, state, ZIP:	How long have you known:

Section E – EDUCATION AND PROFESSIONAL BACKGROUND

1. Give record of all high schools, colleges, universities and special schools you have attended:

Name and Location of School	Major / Minor	Years Completed	Degree or Diploma

2. Have you passed any position-related courses? Yes No If yes, please specify: _____

3. List any position-related special licenses or certifications and effective/expiration dates: _____

4. Is registration or licensing pending? Yes No If yes, when will you receive it? _____

5. To your knowledge, are you currently the subject of a complaint or are you under investigation by any professional licensure or registration body? Yes No If yes, please note below all details known to you regarding this complaint or investigation: _____

6. Has your license ever been suspended or revoked or have you otherwise been reprimanded, disciplined or sanctioned by any professional licensure or registration body? Yes No If yes, please explain: _____

7. Are you currently the subject of any criminal or other charges that could affect your license or registration to practice in your profession if found meritorious? Yes No If yes, please explain: _____

8. Is any non-compete, non-solicitation, non-disclosure, or similar agreement applicable to your current activities?
 Yes No If yes, please attach a copy of the agreement to this application.

9. List computer software skills: _____

10. List any other skills that may be pertinent to the position: _____

“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOREEMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

READ CAREFULLY AND SIGN BELOW IF YOU
AGREE TO THESE TERMS OF EMPLOYMENT:

I agree that except at the request and for the benefit of the Town of Upper Marlboro (Town), I will not disclose to anyone or use for my own purposes any of the Town's confidential or proprietary information, either during or after my employment. I understand and agree that the Town's bidding, costs, pricing and marketing information and techniques, customer names and information, and employee names and information are confidential and proprietary to the Town.

I certify that this application contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I authorize the Town to contact all sources to verify the information on this application. I understand that any falsification, misrepresentation, or fraudulent information provided by me in connection with my application for employment is sufficient grounds for withdrawal of an employment offer or immediate discharge.

I understand that if I am offered a position with the Town, I will be required to take and pass a drug screen as a condition of being hired and that testing will be conducted in accordance with MD HEALTH-GEN. CODE ANN Section 17-214. This will be performed at the Company-designated medical facility and at the Town's expense. By submitting this Application for Employment, I hereby consent to said test. I further understand that if alcohol and/or illegal drugs are found in my system, all offers of employment will be withdrawn.

I understand that this application is not a contract of employment.

I authorize and request my former employers, references, and educational institutions which have information about me, to give the Town any and all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and release such former employers, references, and educational institutions from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to the Town any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Date: _____ Signature of applicant: _____

**E-mail completed application and your cover letter and resume to: administrator@uppermarlboromd.gov
If you are unable to insert an electronic signature, fax this signed page to: 301-627-2080 ATTN: Job Search
Or mail to: Town of Upper Marlboro, ATTN: Job Search, 14211 School Lane, Upper Marlboro, MD 20772**