



APPLICATION FOR INTERN
City of Salisbury
 Human Resources Department
 125 N. Division St., Salisbury, MD 21801
 410-548-1065 Fax: 410-548-3748



website: www.ci.salisbury.md.us email: jobs@ci.salisbury.md.us

We appreciate your interest in employment with the City of Salisbury and assure you that we are interested in your qualifications. The information requested in this application will aid us in evaluating your qualifications. Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, genetic information or presence of a medical condition or handicap.

1. Name (Last, First, Middle)		5. Department of Internship																																																															
Address: Number & Street		6. Date of Application																																																															
City, State, & Zip Code		7. Date available to intern																																																															
2. Social Security Number																																																																	
3. Home Phone: (Include Area Code)		9. Are you legally authorized to accept work and remain in the United States?																																																															
4. Business Phone: (Include Area Code)		<input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of identity and authorization will be required upon employment)																																																															
10. Are you currently 18 years or older? If not, state your age:		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																															
11. Licenses:																																																																	
Do you have a valid Driver's License?		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																															
Driver License #		State:	Expiration Date:																																																														
Type of License:		Class:																																																															
<input type="checkbox"/> Commercial		<input type="checkbox"/> Non Commercial																																																															
List all other professional licenses, registrations, and certificates:																																																																	
Type:	Number:	Expiration Date:																																																															
Type:	Number:	Expiration Date:																																																															
12. List all machines or equipment, including office equipment, you can operate skillfully.																																																																	
13. List all additional qualifications & skills:																																																																	
14. EDUCATION AND TRAINING CHECK HIGHEST GRADE COMPLETED																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="8">GRADE SCHOOL</th> <th colspan="4">HIGH SCHOOL</th> <th colspan="4">COLLEGE</th> <th colspan="4">GRADUATE SCHOOL</th> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>		GRADE SCHOOL								HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL				1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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High School Name		College Name																																																															
City		City																																																															
State		State																																																															
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																															
Or		Degree(s)																																																															
Do you have a G.E.D. or equivalent?		Major																																																															
<input type="checkbox"/> Yes <input type="checkbox"/> No		Minor																																																															
		Hrs. Completed																																																															
In this space, list additional training and education completed.																																																																	
15. References. List three persons who are not related to you and who have knowledge of your qualifications. Do not repeat supervisors listed under Experience Item 16.																																																																	
Name	Address	Phone																																																															

PLEASE READ CAREFULLY

- a. Under Maryland law an employer may not require or demand any applicant for employment 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 or continued employment, except law enforcement officers as defined in 727 of Article 27, or any employee of any law enforcement agency of the State of Maryland, or any county incorporated city or town, or other municipal corporation. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.
- b. In submitting this application for employment, I authorize investigation of all statements contained therein. I hereby authorize the City of Salisbury to make any contacts considered necessary to my employment, such as previous employers, criminal or credit bureau records. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed and any educational institution which I have stated I attended to furnish the City any information they may have concerning me. I hereby release all such persons, organizations, and institutions from any claims for damages or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentations or omissions by me in this application will be sufficient cause for cancellation of the application or the separation from City employment.
- c. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for substance abuse. I also understand and agree that, if employed, I may be required to submit to an alcohol or substance abuse screening as required by law and City Policies and Procedures. I hereby consent to having the results of any such alcohol or substance abuse screening I may be required to undergo disclosed to City Government. I understand that this application is the property of City Government and will be part of my personnel file if I am accepted for employment. Driving record checks may be required of an applicant or employee who may be required to operate a City or personal vehicle on City business. This will also depend on the nature of the position and the insurance company's requirements. I hereby authorize the City to obtain a complete driving history.
- d. Any applicant who is selected for employment by the City of Salisbury must, as a condition of employment and before any offer of employment can be considered final, complete United States Department of Justice Immigration and Naturalization Service Form I-9 and provide acceptable documents that establish both identity and employment authorization as defined by Federal Regulation. The foregoing must be accomplished before employment and failure to do so will cancel any offer of employment with the City of Salisbury. The proposed employee has 5 working days within which to comply with these requirements.

Acknowledged and Understood:

Signature

Date

An Equal Opportunity Employer