



APPLICATION FOR EMPLOYMENT

City of Salisbury

Human Resources Department

125 N. Division St., Salisbury, MD 21801

410-548-1065 Fax: 410-548-3748

website: http://www.salisbury.md email: jobs@salisbury.md



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. Position you are applying for																	
Address: Number & Street		6. Date of Application																	
City, State, & Zip Code		7. Date available to work																	
2. Social Security Number		8. Lowest pay you will accept																	
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: <input type="checkbox"/> Commercial <input type="checkbox"/> Non Commercial		Class:																	
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																			
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"/>
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 _____ Minor _____															
<input type="checkbox"/> Yes <input type="checkbox"/> No				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														

16. Experience. Starting with your current or most recent job, list all positions you have held in the last ten years. If you consider it appropriate to this application, you may include as an addendum, positions held earlier than ten years ago. Be concise, but do not omit information, which may be relevant to the position for which you are applying. If you need additional blocks, use blank sheets.

A. Dates of Employment From: _____ To: _____		Job Title	Number of Persons Supervised
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for Leaving:

May we contact this employer? _____ If not, why not? _____

Description of duties:

B. Dates of Employment From: _____ To: _____		Job Title	Number of Persons Supervised
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for Leaving:

May we contact this employer? _____ If not, why not? _____

Description of duties:

C. Dates of Employment From: _____ To: _____		Job Title	Number of Persons Supervised
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for Leaving:

May we contact this employer? _____ If not, why not? _____

Description of duties:

D. Dates of Employment From: _____ To: _____		Job Title	Number of Persons Supervised
Salary:	Hrs. Per Week	Name of Supervisor	Area Code and Phone

Name and Address of Business or Employer:

Reason for Leaving:

May we contact this employer? _____ If not, why not? _____

Description of duties:

17. Military Service Yes No Branch of Service _____
 Serial or Service No. _____ Dates of Service From: _____ To: _____
 Did your military service have any relationship to the position for which you have applied?
 If yes, please explain _____

18. Are you related by blood or marriage to any City employee(s)?

Yes No If yes, complete the following:

Name	Department	Relation

19. Have you been employed with us before? Yes No

If Yes, answer questions below:

A. Dates of Employment From: _____ To: _____ B. Position Held _____

C. Reason for leaving: _____

20. Have you ever been convicted of a crime including DUI or DWI? Yes No

If yes, describe the conviction, when it occurred, the facts and circumstances, and any facts pertaining to rehabilitation? (Do not list any criminal conviction which has been expunged. A criminal conviction will not necessarily bar employment).

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

Not as a requirement and on a voluntary basis, use this page to provide any additional information helpful in evaluating your qualifications.

Also, we welcome your comments on our job ads and employment process.