



Directions: Answer each and every question on all four pages of this application. A resume may be submitted only to supplement information on the application. Resumes may not be used in place of any information requested on the application. Write "N/A" in the answer blank if the question is not applicable to you. Please type or print legibly.

Position _____
Desired _____ Date _____

Name _____ SSN _____
Last First

Address _____ Telephone No _____
Street Area Home

_____ City State Zip Area Home

To facilitate reference checks, please indicate any other name under which you have been employed.

Are you a minor (under 18 years of age)? Yes _____ No _____

Have you ever been employed with us before? Yes _____ No _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

On what date would you be available for work? _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Have you ever been convicted of a felony in the last 7 years? Yes _____ No _____

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain. _____

EDUCATION

Circle highest grade completed: 6 7 8 9 10 11 12 GED **College:** 1 2 3 4 5 6

	Institution	Course of Study	Degree Received
	High School		
	Address		
	College		
	Address		
	Graduate School		
	Address		

Have you received any additional training, workshops, short courses, or performed volunteer work, etc. related to the position?

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes ___ No ___

Proof of citizenship or immigration status will be required upon employment.

EMPLOYMENT

Start with your present or last job and include your employment history for at least the last ten years. Please attach an additional sheet if you need more space. Include military experience and describe any major assignments. Include periods of self employment. Give details of any supervisory duties you may have had.

If you are still employed, may your present employer be contacted? Yes No

1. Employed by: _____
Address: _____
Supervisor's Name: _____
Employed from: (mo/yr) _____ To: (mo/yr) _____
Starting Salary: _____ Final Salary: _____ Hours Per Week: _____
Job Title: _____
Duties: _____

Reason for leaving: _____

2. Employed by: _____
Address: _____
Supervisor's Name: _____
Employed from: (mo/yr) _____ To: (mo/yr) _____
Starting Salary: _____ Final Salary: _____ Hours Per Week: _____
Job Title: _____
Duties: _____

Reason for leaving: _____

3. Employed by: _____
Address: _____
Supervisor's Name: _____
Employed from: (mo/yr) _____ To: (mo/yr) _____
Starting Salary: _____ Final Salary: _____ Hours Per Week: _____
Job Title: _____
Duties: _____

Reason for leaving: _____

4.. Employed by: _____
Address: _____
Supervisor's Name: _____
Employed from: (mo/yr) _____ To: (mo/yr) _____
Starting Salary: _____ Final Salary: _____ Hours Per Week: _____
Job Title: _____
Duties: _____

Reason for leaving: _____

Have you previously worked for the City of Havre de Grace? Yes _____ No _____

Position: _____ Department: _____ Dates: _____

List the requirements in the job announcement which you possess: _____

Do you have any experience or qualifications in addition to what you have already listed which relate to the job applied for? _____

If the position for which you are applying requires the operation of a motor vehicle, please answer the following:

Do you have a valid driver's license? Yes _____ No _____ Class _____ State _____

Driver's License Number: _____

Has your license been revoked or suspended in the last twelve (12) months? _____

(If yes, please explain) _____

For clerical/secretarial positions: Typing wpm _____ Shorthand wpm _____

What equipment can you operate? _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

Signature _____ 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 SIMLIAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00”

Signature

Date

(THIS STATEMENT MUST BE ATTACHED TO ALL EMPLOYMENT APPLICATIONS IN THE STATE OF MARYLAND)

VOLUNTARY SURVEY

APPLICANT CHARACTERISTIC SURVEY

To all applicants:

The city of Havre de Grace has an equal employment program. To find out how effective our recruitment efforts are in reaching all parts of our population, and to help us in the validation of our selection methods, we are asking each applicant to voluntarily give the following information. THIS INFORMATION IN NO WAY AFFECTS YOU AS AN INDIVIDUAL APPLICANT AND WILL BE SEPARATED FROM YOUR APPLICATION IMMEDIATELY.

Position Applied For:	Zip Code (Home)
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Please place the appropriate numbered answer to each question in the block provided on the left.

- A. What sex are you?
1. Male
 2. Female

- B. What is your age?
- | | |
|---------------------------|---------------------------|
| 1. Less than 18 years. | 5. 40-55 years, inclusive |
| 2. 18-21 years, inclusive | 6. 56-69 years, inclusive |
| 3. 22-25 years, inclusive | 7. 70 years or over. |
| 4. 26-39 years, inclusive | |

- C. Of which racial/ethnic group do you consider yourself a member?
- | | |
|---------------------------|--------------------------------------|
| 1. White | 4. Hispanic |
| 2. Black | 5. American Indian or Alaskan Native |
| 3. Asian/Pacific Islander | |

- D. How did you learn about the job for which you are now applying?
- | | |
|---|-----------------------------|
| 1. City of Havre de Grace Personnel Dept. | 7. Other employment service |
| 2. Other City Agency | 8. Television |
| 3. City employee | 9. Radio |
| 4. Friend | 10. School |
| 5. Newspaper or periodical | 11. Church |
| | 12. Community Organization |

Name of Publication

6. Job service listing

Name of Organization

- E. Are you a veteran of the U.S. Military?
1. Yes
 2. No

- F. Are you mentally or physically disabled?
1. Yes
 2. No

**EMPLOYMENT STATEMENT
CITY OF HAVRE DE GRACE**

Date: _____

1. The background information supplied by an applicant for a position opening will be checked by the City of Havre de Grace or an outside reference checking service to ensure the accuracy of the data furnished and the past performance record of candidate.
2. I authorize the City of Havre de Grace to make sure such investigations and inquiries as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application for employment.
3. I should not resign my current employment until I have received a formal offer of employment by the City of Havre de Grace and have successfully passed the pre-employment physical and drug/alcohol screening test.
4. The City of Havre de Grace retains the right to hire the person who appears to best fit its needs at this time. There will not be an explanation (unless specifically required by law) as to what factors went into this decision.
5. The answers given to the City of Havre de Grace representatives are true and complete to the best of my knowledge. In the event of employment, any significant misstatements or omissions later discovered in my background may be cause for my dismissal from employment with the City of Havre de Grace.

Candidate's Signature

Print Full Name

Social Security Number