



TOWN OF ELKTON

100 Railroad Avenue, P.O. Box 157, Elkton, Maryland 21922-0157
(410) 392-6933 FAX (410) 398-3792 TDD (410) 398-3653

APPLICATION FOR EMPLOYMENT

This is an application for employment with the Town of Elkton, Maryland, a municipal government. Please complete this application legibly and in its entirety. If additional space is needed, please use the addendum to this form. Attach all documentation to this form.

The Town of Elkton provides equal employment opportunity to qualified persons without regard to race, color, creed, ancestry, religion, sex, age, national origin, disability, veteran status, marital status, political affiliation, sexual orientation, genetic background, or any other reasons as prohibited by Federal, State, or Local law. The Town provides accommodations to individuals with disabilities in accordance with the Americans with Disabilities Act.

POSITION APPLYING FOR: _____ [ASK FOR JOB DESCRIPTION]

GENERAL INFORMATION

Name: _____
(Last) (First) (Middle)

(Social Security Number) (Home Telephone Number) (Cell Phone Number)

(e-mail address)

List addresses where you have lived beginning with your current address, use back of page if needed.

(Number and Street Address)	(City)	(State)	(Zip)	(Years)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you learn of this position? _____

Are any of your relatives employed by the Town? Yes ___ No ___ If yes, provide name and relationship:

Have you previously worked for the Town of Elkton? Yes___ No___ If yes, please indicate the dates of employment, last position held, department, supervisor, and reason for separation:

EDUCATION

Name/Location	Number of Years attended:	Graduated?	Course of Study
(High School)	_____	_____	_____
(College)	_____	_____	_____
(College)	_____	_____	_____
(Trade, Business, Technical School)	_____	_____	_____
(Graduate, Other)	_____	_____	_____

WORK EXPERIENCE *(Beginning with your current or most recent employment)*

Name of employer: _____ Employed from: _____ to: _____

Address where you worked: _____

Your last supervisor – Name: _____ Telephone #: _____

Position and Job responsibilities: _____

Reason for separation: _____

May we contact your current employer: Yes: _____ No: _____

Name of employer: _____ Employed from: _____ to: _____

Address where you worked: _____

Your last supervisor – Name: _____ Telephone #: _____

Position and Job responsibilities: _____

Reason for separation: _____

Name of employer: _____ Employed from: _____ to: _____

Address where you worked: _____

Your last supervisor – Name: _____ Telephone #: _____

Position and Job responsibilities: _____

Reason for separation: _____

Name of employer: _____ Employed from: _____ to: _____

Address where you worked: _____

Your last supervisor – Name: _____ Telephone #: _____

Position and Job responsibilities: _____

Reason for separation: _____

Name of employer: _____ Employed from: _____ to: _____

Address where you worked: _____

Your last supervisor – Name: _____ Telephone #: _____

Position and Job responsibilities: _____

Reason for separation: _____

MILITARY SERVICE

Branch of Service: _____ Rank: _____ Year From: _____ To: _____

Describe Training: _____

NOTICES TO APPLICANT FOR EMPLOYMENT

1. UNDER MARYLAND LAW, THE TOWN OF ELKTON 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. THE TOWN OF ELKTON IS SUBJECT TO MISDEMEANOR PENALTIES FOR VIOLATION OF THIS LAW AND A FINE NOT EXCEEDING \$100.00. THIS PROVISION DOES NOT APPLY TO APPLICANTS FOR EMPLOYMENT AS POLICE OFFICERS WITH THE ELKTON POLICE DEPARTMENT.

Applicant's Signature

Date

- 2. You must be legally authorized to work in the United States under the United States immigration Reform and Control Act of 1986.
- 3. Applications for employment must be filed by the announced closing date of that position, if specified by the Town of Elkton.
- 4. Changes to your application must be brought to the attention of the Town of Elkton prior to any selection or notification of an interview for employment.

Have you ever been convicted of a crime (other than minor traffic violations) which has not been expunged, annulled, pardoned, or sealed by a court? Yes _____ No _____ If "yes," give date, place of conviction, charge, and disposition of each case.

Note: A conviction may be relevant, if job related but will not necessarily bar you from employment.

It is the policy of the Town of Elkton to maintain a workplace free from alcohol and drug abuse and its effects. As such, potential employees are subject to pre-employment drug testing as a condition of employment. If employed, all employees of the Town of Elkton are subject to random, post-accident and reasonable suspicion drug and alcohol testing. I consent to the Town's request for pre-employment, random, post accident, and reasonable suspicion drug and alcohol testing and release the Town, its employees and agents from all liability arising from the collection and testing process and employment decisions.

Applicant's Signature

Date

I hereby affirm that this application contains no willful misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I understand that willful misrepresentations or falsifications may result in my application being disapproved, and employment with the Town of Elkton may be terminated on this basis.

I hereby authorize the Town of Elkton, by its agents and/or its employees, to inquire into my education, certifications(s), previous employment, or to otherwise verify the information I have provided with this application. I hereby hold harmless and waive all liability against the Town of Elkton and those companies, agencies, their agents and employees, as a result of any inquiries with regard to this employment application.

I understand and agree that nothing contained in this application shall indicate guaranteed employment and that if employed by the Town, employment is "at will"; that I am free to resign at any time and that the Town may terminate the employment relationship at any time with or without cause, except as may be provided under specific provisions.

Applicant's Signature _____

Date _____

FOR OFFICE USE ONLY:

Application reviewed by: _____ Date: _____

Interviewed by: _____ Date: _____

