



CITY OF ABERDEEN

APPLICATION FOR EMPLOYMENT

As an Equal Opportunity Employer, the City of Aberdeen prohibits discrimination due to race, religion, color, sex, sexual orientation, age, disability, or national origin.

Application should be returned to:

City of Aberdeen

60 N. Parke St.

Aberdeen, MD 21001

Position applied for: _____

Date of application: _____

PERSONAL INFORMATION

LAST NAME _____ _____ _____	FIRST NAME _____ _____ _____	MIDDLE NAME _____ _____ _____	HOME TELEPHONE NUMBER _____ _____ _____
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE) _____ _____ _____ _____			E-MAIL ADDRESS: _____ _____ _____
HAVE YOU EVER BEEN EMPLOYED BY US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			HAVE YOU APPLIED WITH US BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____
DO YOU HAVE ANY RELATIVES EMPLOYED BY US? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE NAME AND RELATIONSHIP _____			REFERRED BY _____

GENERAL INFORMATION

Can you, upon employment, provide documentation establishing your identity and eligibility to be legally employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime or violation other than a minor traffic infraction? <input type="checkbox"/> Yes <input type="checkbox"/> No A conviction record will not necessarily be a bar to employment other factors will be taken into consideration. If yes, please explain: _____
Consistent attendance and punctuality are essential requirements of every job with the City of Aberdeen. Is there anything which would interfere with your regular attendance during defined work hours and punctuality if you are offered a job with the City of Aberdeen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____ _____

EMPLOYMENT

(Beginning with the current or most recent employment. Attach a separate sheet if necessary.)

EMPLOYER NAME: _____ ADDRESS: _____ CITY, STATE ZIP: _____ TELEPHONE: _____ SUPERVISORS NAME: _____	POSITION: _____ START DATE: _____ END DATE: _____ ENDING SALARY: _____ REASON FOR LEAVING: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER NAME: _____ ADDRESS: _____ CITY, STATE ZIP: _____ TELEPHONE: _____ SUPERVISORS NAME: _____	POSITION: _____ START DATE: _____ END DATE: _____ ENDING SALARY: _____ REASON FOR LEAVING: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER NAME: _____ ADDRESS: _____ CITY, STATE ZIP: _____ TELEPHONE: _____ SUPERVISORS NAME: _____	POSITION: _____ START DATE: _____ END DATE: _____ ENDING SALARY: _____ REASON FOR LEAVING: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER NAME: _____ ADDRESS: _____ CITY, STATE ZIP: _____ TELEPHONE: _____ SUPERVISORS NAME: _____	POSITION: _____ START DATE: _____ END DATE: _____ ENDING SALARY: _____ REASON FOR LEAVING: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER NAME: _____ ADDRESS: _____ CITY, STATE ZIP: _____ TELEPHONE: _____ SUPERVISORS NAME: _____	POSITION: _____ START DATE: _____ END DATE: _____ ENDING SALARY: _____ REASON FOR LEAVING: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

HIGH SCHOOL: _____ ADDRESS: _____ CITY, STATE ZIP: _____	NUMBER OF YEARS ATTENDED: _____ GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED OR EQUIVALENT
COLLEGE: _____ ADDRESS: _____ CITY, STATE ZIP: _____	NUMBER OF YEARS ATTENDED: _____ GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO COURSE OF STUDY _____
TRADE, BUSINESS OR TECHNICAL: _____ ADDRESS: _____ CITY, STATE ZIP: _____	NUMBER OF YEARS ATTENDED: _____ GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO COURSE OF STUDY _____
GRADUATE SCHOOL: _____ ADDRESS: _____ CITY, STATE ZIP: _____	NUMBER OF YEARS ATTENDED: _____ GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO COURSE OF STUDY _____
CERTIFICATIONS: _____	

List any other experience, skills or other qualification including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

PERSONAL OR BUSINESS REFERENCES

NAME: _____	RELATIONSHIP/TITLE: _____	YEARS KNOWN: _____
ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
PHONE: _____		
NAME: _____	RELATIONSHIP/TITLE: _____	YEARS KNOWN: _____
ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
PHONE: _____		
NAME: _____	RELATIONSHIP/TITLE: _____	YEARS KNOWN: _____
ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
PHONE: _____		

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

RELATIONSHIP: _____

READ BEFORE SIGNING

It is the policy of the City of Aberdeen 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 City of Aberdeen are subject to random and reasonable suspicion drug and alcohol testing. I consent to the City's request for pre-employment, random and reasonable suspicion urine specimens and release the City, its employees and agents from all liability arising from the collection and testing process and employment decision.

APPLICANT SIGNATURE

DATE

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the City to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and all other characteristic protected by Federal, State or Local law.

I authorize the City of Aberdeen to investigate any and all statements made on this application, including any driving record, obtaining records from past employers, educational transcripts, other governmental agencies, law enforcement and/or credit reporting services. I also authorize the City of Aberdeen to perform a criminal background check including, but not limited to, fingerprinting and criminal record review. If any misrepresentation has been made or if the results of the investigation are unsatisfactory, any offer of employment may be withdrawn. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the City's rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the City or me. I further understand that no representation, whether oral or written by any representative or agent of the City, at any time, can constitute a contract of employment. I understand that the City and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the City has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the City Manager or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

I understand that any medical evaluation procedure is consistent with the City's affirmative action commitments and the Americans with Disabilities Act and any other applicable federal, state and local laws. I further understand that the purpose of the examination is to determine whether I am able to perform the essential functions of the position offered, with or without any reasonable accommodation.

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 similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

APPLICANT SIGNATURE

DATE

Revised 10/98 (1/08; 9/09)