



Employment Application

If you need assistance to complete this application, please contact Town Hall to request the appropriate accommodation.

Applicant may also submit a resume with this application.

Town of Port Deposit
 64 South Main Street
 Port Deposit, MD 21904
townhall@portdeposit.org
 Office: 410.378.2121
 Fax: 410.378.9104

We will automatically reject any incomplete application or one that contains information other than that requested.

Date: _____ Position Applying For: _____

Full Time Part Time: How did you hear about this position? _____

| Personal Information | | | |
|----------------------|--|---------------------|--|
| Name | | Social Security No. | |
| Street Address | | email | |
| City/State/ZIP | | Phone(s) | |

Have you ever been convicted of a felony or misdemeanor that has not been expunged? Yes No

If yes, please provide detail including dates, charging offense(s), jurisdiction, and disposition. (A "yes" answer will not automatically cause your application to be rejected.) Use back of form if more space is needed.

Are you authorized to work in the U.S. and able to provide documentation? Yes No

| Education | | | |
|---------------------------|--------------|----------------|----------------|
| Schools/Colleges Attended | No. of Years | Year Graduated | Type of Degree |
| | | | |
| | | | |
| | | | |

| Special Skills |
|---|
| Please list any special skills or qualification that may help you in this position. |
| |
| |
| |

Employment/Work Experience Please start with your most recent position. You may include military service and volunteer activities. Please exclude any organization names that indicate race, color, religion, sex, or national origin.

| Previous Employment | | | | | | | | | |
|---|--|----|--|--------------------|--|------------------|--|--|--|
| Company | | | | Phone () | | | | | |
| Address | | | | Supervisor | | | | | |
| Job Title | | | | Starting Salary \$ | | Ending Salary \$ | | | |
| Responsibilities | | | | | | | | | |
| From | | To | | Reason for Leaving | | | | | |
| May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | |
| Company | | | | Phone () | | | | | |
| Address | | | | Supervisor | | | | | |
| Job Title | | | | Starting Salary \$ | | Ending Salary \$ | | | |
| Responsibilities | | | | | | | | | |
| From | | To | | Reason for Leaving | | | | | |
| May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | |
| Company | | | | Phone () | | | | | |
| Address | | | | Supervisor | | | | | |
| Job Title | | | | Starting Salary \$ | | Ending Salary \$ | | | |
| Responsibilities | | | | | | | | | |
| From | | To | | Reason for Leaving | | | | | |
| May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | |

Professional References Please Provide individual and company names, positions, addresses, and phone numbers for three professional references.

| | | | |
|-----------|--|----------------|--|
| Full Name | | Relationship | |
| Company | | Phone () | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone () | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone () | |
| Address | | | |

As An Equal Opportunity Employer, the Town of Port Deposit does not discriminate in hiring or other terms and conditions of employment because of an individual’s race, creed, color, religion, sex, age, national origin, marital status, disability, veteran status, or any other reason prohibited by federal, state, or local law.

Americans with Disabilities Act: No qualified individual with a disability shall on the basis of the disability, be subjected to discrimination in employment under any service, program, or activity conducted by the Town of Port Deposit. It is also essential that the Town will not compromise safety in any of their hiring practices. The Town of Port Deposit will make all reasonable accommodations with regard to employment of individuals with disabilities. The Town will not discriminate in any way toward any employee with regard to employment related activities (i.e.; hiring, firing, tenure, layoffs, leave, etc.). No employee will be discriminated against for their association or relationship to any disabled person. The Town of Port Deposit is an equal opportunity employer and will not discriminate or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

I authorize the Town of Port Deposit Government to investigate any and all statements made in this Employment Application. If in the judgment of the Town, any misrepresentation has been made herein or the results of the investigation are not satisfactory, an offer of employment may be withdrawn; and, if I am already employed, my employment may be terminated immediately.

I voluntarily consent to allow the Town of Port Deposit or any of its officers, employees or agents to check my references by contacting any person whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character, and personality, including information of a confidential or privileged nature.

Date _____ Applicant Signature _____

I understand that if I am selected for an appointment to a position in Town Government I will be required to have a physical examination, including drug screen, on the basis of which I may or may not be accepted for employment.

Date _____ Applicant Signature _____

For Internal Use Only:

Arrange Interview Yes No

Date: _____ Time: _____