



Employment Application

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		
SOCIAL SECURITY NO. - -		
PRESENT ADDRESS		
CITY	STATE	ZIP
PERMANENT ADDRESS		
CITY	STATE	ZIP
PHONE NO.	CELL NO.	EMAIL
ARE YOU OVER 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	DESIRED SALARY
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW DID YOU HEAR ABOUT THIS POSITION?	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER AD
<input type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD	<input type="checkbox"/> STATE EMPLOYMENT OFFICE	COLLEGE PLACEMENT SERVICE
<input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE _____		<input type="checkbox"/> OTHER

EDUCATION HISTORY

HIGH SCHOOL (NAME) (YRS ATTENDED) (DEGREE OBTAINED)	(LOCATION) DID YOU GRADUATE: <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE (NAME) (YRS ATTENDED) (DEGREE OBTAINED)	(LOCATION) DID YOU GRADUATE: <input type="checkbox"/> YES <input type="checkbox"/> NO
TRADE SCHOOL (NAME) (YRS ATTENDED) (DEGREE OBTAINED)	(LOCATION) DID YOU GRADUATE: <input type="checkbox"/> YES <input type="checkbox"/> NO
SUBJECT OF SPECIAL STUDY/ RESEARCH WORK	
SPECIAL TRAINING, CERTIFICATIONS, LICENSES	
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.	

MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE US ARMED FORCES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	BRANCH OF SERVICE _____
DISCHARGE DATE _____			RANK _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PREVIOUS EMPLOYER _____	CITY _____
ADDRESS _____	STATE _____ ZIP _____
JOB TITLE _____	DATES OF EMPLOYMENT _____ TO _____
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR _____	TITLE _____
DESCRIPTION OF WORK _____	
REASON FOR LEAVING _____	

NAME OF PREVIOUS EMPLOYER _____	CITY _____
ADDRESS _____	STATE _____ ZIP _____
JOB TITLE _____	DATES OF EMPLOYMENT _____ TO _____
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR _____	TITLE _____
DESCRIPTION OF WORK _____	
REASON FOR LEAVING _____	

NAME OF PREVIOUS EMPLOYER _____	CITY _____
ADDRESS _____	STATE _____ ZIP _____
JOB TITLE _____	DATES OF EMPLOYMENT _____ TO _____
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR _____	TITLE _____
DESCRIPTION OF WORK _____	
REASON FOR LEAVING _____	

REFERENCES (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE

CANDIDATE QUESTIONNAIRE

Are you legally eligible for employment in the United States? YES NO

Are you related by blood or marriage to any person employed by the Town of Elkton? YES NO
If so, name _____ Department _____

During the last ten years, have you ever been convicted of a felony, or misdemeanor, or pled "Nolo Contendere" to any criminal charges? YES NO If so, please explain _____

Have you ever been discharged or asked to resign from a job? YES NO
If so, please explain _____

Are you willing to take a drug test? YES NO

I agree that a criminal and controlled substance use record check can be performed by the Town of Elkton. YES NO

APPLICANT'S CERTIFICATION AND AGREEMENT

I authorize the Town of Elkton to secure financial and credit information through a consumer reporting agency and I understand that, upon my written request made within a reasonable time, the consumer reporting agency will provide me with additional information concerning the nature and scope of any credit report investigation. I also agree to participate in computerized interviewing, assessment testing, and any other similar Town requirements which are conditions of my employment.

I understand that any false or misleading answer in this Employment Application or other pre-employment inquiry is grounds for rejection of my Application or immediate termination if I have been employed.

If employed, I will comply with all Town policies and rules found in any Town policy manual, employment handbook or other communication from the Town. I understand the Town may change its policies and rules in the future without giving notice to me.

I understand that the Town may require drug and alcohol testing as a condition of employment, or if I am involved in a work related injury, subject to applicable federal and state laws, and I consent to any such testing.

I agree not to use or disclose outside my employment with the Town any confidential information, wages, trade secrets, or proprietary information, whatever its form, obtained in connection with my employment with the Town.

I understand that employment with the Town will be TERMINABLE AT WILL. That no employment contract will be valid unless made in writing and signed by the Town's Mayor, or Town Manager, and that my employment may be ended at any time, for any reason, by me or the Town. If employed, I further understand that I will serve a probationary period as determined by the employee handbook and/ or acceptance letter (which may be extended at the Town's discretion) to determine whether my continued employment is appropriate.

I have read and understand the above.

Signed _____ Date _____

The Town of Elkton is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.