



TOWN OF ELKTON
 100 Railroad Avenue
 P.O. Box 157
 Elkton, MD 21922-0157
 (410) 392-6933
 Fax: (410) 398-3792

human.resources@elkton.org

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 back page of this form.

This application will remain valid for employment consideration for 1 year from the date received.
 (Office Use Only – Date Received ____/____/____)

The Town of Elkton is committed to workforce diversity and provides equal employment opportunities (EEO) to all qualified employees and applicants for employment without regard to race, color, religion, sex, ancestry or national origin, ethnicity, age, marital status, sexual orientation, gender identity, physical or mental disability, genetic information, pregnancy, veteran status, or any other characteristic protected by law. The Town provides accommodations to individuals with disabilities in accordance with the Americans with Disabilities Act.

POSITION APPLYING FOR: _____ (submit a separate application for each position)

REQUIRED PAY RATE: _____ Full-time ___ Part-time ___ Seasonal

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? ___ Yes ___ No

GENERAL INFORMATION

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

 (Social Security Number/last 4 digits ONLY) (Cell Phone) (Home Phone)

Email: _____

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)

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How did you learn of this position? _____

Are any of your relatives employed by the Town? Yes ___ No ___

If yes, provide name and relationships: _____

Do you have a valid driver's license? Yes ___ No ___ Number/Class/Type _____ State of Issue _____

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 separations: _____

Are you legally authorized to work in the United States? ___ Yes ___ No

Are you currently 18 years of age or older? ___ Yes ___ No

EDUCATION AND TRAINING

Name/Location	Did you Graduate (Yes or No)	Diploma, Degree, or Certificate	Course of Study (List Major)
High School/GED	_____	_____	_____
College or University	_____	_____	_____
Graduate School	_____	_____	_____
Trade, Business, Technical School	_____	_____	_____

Additional certifications, trainings, educational seminars, etc.

WORK EXPERIENCE

(Beginning with your current or most recent employment)

Complete the following sections even if you are submitting a resume in addition to this application.

Name of Employer: _____ Employed from: _____ to: _____

Address where you work(ed): _____

Job Title: _____ Hours per week: _____

Your last supervisor – Name and Title: _____ Telephone #: _____

Description of Duties: _____

Reason for leaving: _____ May we contact your current employer? Yes No

Name of Employer: _____ Employed from: _____ to: _____

Address where you work(ed): _____

Job Title: _____ Hours per week: _____

Your last supervisor – Name and Title: _____ Telephone #: _____

Description of Duties: _____

Reason for leaving: _____

Name of Employer: _____ Employed from: _____ to: _____

Address where you work(ed): _____

Job Title: _____ Hours per week: _____

Your last supervisor – Name and Title: _____ Telephone #: _____

Description of Duties: _____

Reason for leaving: _____

WORK EXPERIENCE

continued

(Beginning with your current or most recent employment)

Complete the following sections even if you are submitting a resume in addition to this application.

Name of Employer: _____ Employed from: _____ to: _____

Address where you work(ed): _____

Job Title: _____ Hours per week: _____

Your last supervisor – Name and Title: _____ Telephone #: _____

Description of Duties: _____

Reason for leaving: _____

PROFESSIONAL REFERENCES

List three persons who are not related to you and who have knowledge of your qualifications, work history, skills, ability and character. Do not repeat supervisors listed under work experience.

Name/Title: _____ Professional Relationship: _____

Phone: _____ Email: _____

Name/Title: _____ Professional Relationship: _____

Phone: _____ Email: _____

Name/Title: _____ Professional Relationship: _____

Phone: _____ Email: _____

MILITARY SERVICE

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

Describe Training: _____

NOTICES TO APPLICANT FOR EMPLOYMENT

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.

THIS PROVISION DOES NOT APPLY TO APPLICANTS FOR EMPLOYMENT AS POLICE OFFICERS WITH THE ELKTON POLICE DEPARTMENT.

Applicant's Signature

Date

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

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 post-accident, reasonable suspicion, and random drug and alcohol testing. I consent to the Town's request for pre-employment, post-accident, random 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.

I hereby affirm that this application contains no misrepresentations, omissions, or falsifications of any kind whatsoever and that the information given by me is true and complete to the best of my knowledge and belief. I understand that willful misrepresentations, omissions, or falsifications will be sufficient grounds for my rejection as a candidate for employment, or for my immediate discharge from employment with the Town of Elkton.

I hereby authorize the Town of Elkton, by its agents and/or its employees, to inquire into my education, certifications, previous employment, or to otherwise verify the information I have provided on this employment application. I hereby authorize all listed references and former employers to provide the Town of Elkton and/or its authorized agent any and all information concerning my previous employment and any pertinent information they may have. 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 or notice except as may be provided under specific provisions.

Applicant's Signature _____

Date _____

AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY

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The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on this information. This data is kept in a Confidential File and is not a part of your Application for Employment. This information will be detached from the application form upon submission to the Department of Human Resources and will be used to conform to Equal Employment Opportunity Commission guidelines concerning application statistics.

**TOWN OF ELKTON
EEO-4 Voluntary Self-Identification Form**

The Town of Elkton is committed to workforce diversity and provides equal employment opportunities (EEO) to all qualified employees and applicants for employment without regard to race, color, religion, sex, ancestry or national origin, ethnicity, age, marital status, sexual orientation, gender identity, physical or mental disability, genetic information, pregnancy, veteran status, or any other characteristic protected by law. *This Self-Identification Form will be kept separate from all other personnel records and confidential within the Human Resources Department.*

Position Applied for: _____

Date: _____ **Gender:** (Please check one) Male Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): A person who identifies with two or more racial categories named above.

I am unable or do not wish to disclose.