TOWN OF CHARLESTOWN

241 Market Street, P.O. Box 154, Charlestown, Maryland 21914-0154

(410) 287-6173

APPLICATION FOR EMPLOYMENT

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

The Town of Charlestown does not discriminate on the basis of race, creed, color, national origin, sex, religion, marital status, ancestry, age, political belief, status as a Vietnam-era or special disabled veteran, sexual orientation, disability that does not prohibit performance of essential job functions, or any other status in accordance with Federal, State, or Local Law. The Town provides accommodations to individuals with disabilities in accordance with the Americans with Disabilities Act.

POSITION APPLYING FOR:

Trade, Business, Technical School

Graduate, Other

GENERAL INFORMATION

First	Middle	Last	Last @ Email Address			
Telephone Number 1 Present Address	Telephone Number 2	Email				
Number and Street Address	City	,	State	Zip	Years	
Permanent Address (if different	than above)					
Number and Street Address	City	,	State	Zip	Years	
Former Address (if less than 2 y	ears at current or permanent add	ress)				
Number and Street Address	City	,	State	Zip	Years	
How did you learn of this Positic	on?					
Are any of your relatives employ	yed by the Town? Yes No _	If yes, pi	rovide n	ame and r	elationship:	
	or the Town of Charlestown ? Y department, supervisor, and reas			ease indic	ate the dates	
	EDUCATION					
Name/Location	Years attended:	Graduated?	Course	of Study/Deg	ree	
High School	(From: To:)					
///////	to	Y or N				
College						
	to	Y or N				

to

to

to

Y or N

Y or N

Y or N

WORK EXPERIENCE (Beginning with your current or most recent employment)						
Company Name:	Employed from:to:					
Address where you worked:						
Your last supervisor – Name:	Telephone #:					
Position and Job responsibilities:						
Reason for separation:	May we contact this employer? Y or N					
Company Name:	Employed from:to:					
Address where you worked:						
Your last supervisor – Name:	Telephone #:					
	May we contact this employer? Y or N					
Company Name:	to:					
Address where you worked:						
Your last supervisor – Name:	Telephone #:					
Position and Job responsibilities:						
Reason for separation:	May we contact this employer? Y or N					
Company Name:	to:					
Address where you worked:						
Your last supervisor – Name:	Telephone #:					
Reason for separation:						
	MILITARY SERVICE					
Branch of Service:	Rank: Year From: To:					
DescribeTraining:						

NOTICES TO APPLICANT FOR EMPLOYMENT

 You must be legally authorized to work in the United States under the United States Immigration Reform and Control Act of 1986. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.
Applications for employment must be filed by the announced closing date of that position, if specified by the Town of Charlestown.

3. Changes to your application must be brought to the attention of the Town of Charlestown prior to any selection or notification of an interview for employment.

Applicant's Signature

Date

It is the policy of the Town of Charlestown to conduct a criminal background check. Have you ever been convicted of any violation of law other than minor traffic violations? Yes _____ No ____ If "yes," give date, place of conviction, charge, and disposition of each case. Note: A conviction will not necessarily bar you from employment.

It is the policy of the Town of Charlestown 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 Charlestown are subject to post-accident and reasonable suspicion drug and alcohol testing as well as random drug and alcohol testing. I consent to the Town's request for pre-employment, post accident, and reasonable suspicion drug and alcohol testing as well as random drug and alcohol testing as well as random drug and alcohol testing as well as random drug and alcohol testing as multiple and alcohol testing as well as random drug and alcohol testing as well as random drug and alcohol testing as well as random 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 Charlestown may be terminated on this basis.

I hereby authorize the Town of Charlestown, 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 Charlestown and those companies, agencies, their agents and employees, as a result of any inquires 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.

Applicant's Signature	Date
FOR OFFICE USE ONLY:	Revised 8/2012
Application Reviewed by:	Date:
Interviewed by:	Date: