

TOWN OF NEW WINDSOR

209 High Street – P.O. Box 609

New Windsor, Maryland 21776

Phone 410-635-6575

Fax 410-635-2995

www.NewWindsorMD.gov

EMPLOYMENT APPLICATION

PLEASE READ BEFORE COMPLETING APPLICATION

It is the policy and practice of the Town of New Windsor to select new employees and to promote current employees based only on qualifications without regard to race, religion, national origin, sex, marital status, age, or disability. Each applicant appointed to a position must meet the requirements of that position. Such requirements may include successful completion of a verbal and/or written examination, a confidential background investigation, and the submission of certain documents.

[Please type or print all answers in ink. Do not use a pencil.]

Date of Application: _____

Position Applied For: _____

PERSONAL QUALIFICATIONS STATEMENT

NAME: _____
[Last] [First] [Middle Initial] [Maiden]

ADDRESS: _____

TELEPHONE: [home] _____ [office] _____ [cell] _____

EDUCATION AND TRAINING

Circle Highest Grade Completed: Did you graduate? Yes _____ No _____

1 2 3 4 5 6 7 8 9 10 11 12 Date: _____ School: _____

Did you attend college/vocational school? Yes _____ No _____

If you attended college or vocational school, please complete the following [includes military, trade, business, secretarial, etc.]:

1. Name of college/school: _____

Address: _____

Type of diploma/degree/certificate: _____ Date Received: _____
Number of credits: _____ Dates Attended [From/To] _____

2. Name of college/school: _____
Address: _____
Type of diploma/degree/certificate: _____ Date Received: _____
Number of credits: _____ Dates Attended [From/To] _____

EMPLOYMENT HISTORY

INSTRUCTIONS: Please provide a complete employment history, listing all positions held, including military, part-time, summer, and/or volunteer. If submitting a resume, complete all information except "Description of Duties and Responsibilities." Begin with current or most recent job or volunteer experience and work back. Account for periods of unemployment exceeding three months and your residence address at that time.

A. Name and address of employer's organization [include ZIP code, if known]:

Dates employed [month/year]: _____ Number of hours per week: _____
Title of position: _____ Salary/earnings: \$ _____
Name/Title of Supervisor: _____
Telephone Number(s) of Supervisor: _____
Reason for Leaving: _____
Description of work [describe your specific duties and responsibilities in this job]:

B. Name and address of employer's organization [include ZIP code, if known]:

Dates employed [month/year]: _____ Number of hours per week: _____
Title of position: _____ Salary/earnings: \$ _____
Name/Title of Supervisor: _____
Telephone Number(s) of Supervisor: _____
Reason for Leaving: _____

Description of work [describe your specific duties and responsibilities in this job]:

C. Name and address of employer's organization [include ZIP code, if known]:

Dates employed [month/year]: _____ Number of hours per week: _____

Title of position: _____ Salary/earnings: \$ _____

Name/Title of Supervisor: _____

Telephone Number(s) of Supervisor: _____

Reason for Leaving: _____

Description of work [describe your specific duties and responsibilities in this job]:

SPECIAL QUALIFICATIONS

[Clerical skills, typing, shorthand, computer, office equipment. Include active technical/professional licenses and numbers, academic or professional awards, memberships, etc.]

Do you speak another language other than English? Yes _____ No _____

If so, which language are you proficient in and indicate your level of proficiency.

TO BE COMPLETED BY APPLICANTS APPLYING FOR POSITIONS WHICH REQUIRE DRIVING:

Do you possess a valid driver's license? Yes _____ No _____

If so, what is the expiration date and type of license:

REFERENCES

[List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Employment Experience.]

1. NAME/ADDRESS: _____

TELEPHONE NUMBER (S): _____
EMAIL ADDRESS: _____
BUSINESS OR OCCUPATION: _____
2. NAME/ADDRESS: _____

TELEPHONE NUMBER (S): _____
EMAIL ADDRESS: _____
BUSINESS OR OCCUPATION: _____
3. NAME/ADDRESS: _____

TELEPHONE NUMBER (S): _____
EMAIL ADDRESS: _____
BUSINESS OR OCCUPATION: _____

GENERAL INFORMATION

Please list below any additional information you consider pertinent to your application for employment [including school honors, organization memberships, unique skills, etc.]

NOTICE OF INVESTIGATION

I hereby authorize investigation of all statements and information contained in this application for employment and the references listed therein.

I authorize all such references and former employers to release to the Town of New Windsor, Maryland any and all information concerning my employment and pertinent information they may have, personal or otherwise.

I release and hold all parties harmless from any and all liability for any damages that may result from furnishing information to the Town of New Windsor.

Applicant's Signature

Date