

**APPLICATION FOR EMPLOYMENT - TOWN OF WALKERSVILLE, MD.**

Instructions: Read the Announcement relating to this position and be sure you have the requirements stated. Type or print your answers in ink. Answer every question clearly and completely. All statements are subject to investigation and verification. Where a question does not apply, answer "NONE". Attach blank continuation sheets where necessary and sign each sheet. Do not send original manuscripts; attach copies only.

**RETURN TO: TOWN OFFICE, 21 WEST FREDERICK STREET, P O BOX 249, WALKERSVILLE, MD 21793**

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_ Lowest Acceptable Salary \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Street Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ When are you available \_\_\_\_\_  
 Work Phone(\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_  
 City & State & Zip Code \_\_\_\_\_ Do You Have a Valid Driver's License \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Circle Highest School Year Completed: \_\_\_\_\_ Give Name & Location of Grammar School or \_\_\_\_\_ Did you \_\_\_\_\_ Date Last  
 Grammar 1 2 3 4 5 6 7 8 High School Last attended: \_\_\_\_\_ Graduate \_\_\_\_\_ Attended or  
 High School 9 10 11 12 \_\_\_\_\_ Graduated: \_\_\_\_\_  
 G.E.D. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 Month & Year

Name & Location of Undergraduate College or University	Major Subjects Studied - Specify Semester/Quarter Hrs Credit	Dates Attended From: To:	Total Sem. Hrs.	Total Qtr Hrs	Degree Rec'd	Field
_____	_____	_____	_____	_____	_____	_____

Name & Location of Graduate University	Major Subjects Studied - Specify Semester/Quarter Hrs Credit	Dates Attended From: To:	Total Sem. Hrs.	Total Qtr Hrs	Degree Rec'd	Field
_____	_____	_____	_____	_____	_____	_____

Complete this item if you have taken courses at business, trade, armed services or correspondence school.

Name and Location of School	Subject	Total Hrs	Total Weeks	Date Finished
_____	_____	_____	_____	_____

May We Ask Your Present Employer About You? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have You Ever Been Convicted of a Crime \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks: Use this space to give any special qualifications not covered elsewhere in your application (such as honors, driver's license for a vehicle other than passenger car, other licenses, memberships in professional organizations, technical skills, or special training) or other information requested as part of this application. Please include shorthand and typing speeds ( words per minute).

"Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100." I hereby acknowledge that I have read the foregoing statement.  
 Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR TOWN USE - DO NOT WRITE BELOW THIS LINE**

Date Received	Exam	Raw	Conv	Wgt	Grade	Notification
Referred _____	Performance _____	_____	_____	_____	_____	_____
Rejected _____	Written _____	_____	_____	_____	_____	_____
	Oral _____	_____	_____	_____	_____	_____
Total Score _____	T&E _____	_____	_____	_____	_____	_____

Experience: In section A below, list the required information concerning your present position and then work back, using a separate section for each previous position. If you are now unemployed, enter the word "Unemployed" after "Position" in section A. If you have had military service, enter it below in its proper sequence. All periods of time unaccounted for in the sections below or on blank continuation sheets will be considered periods of unemployment. Be sure to include all related experience. If you were employed under another name, please indicate in remarks section on page one.

A. List Details	Position	Dates of employment (month, year) #of mo.		Starting	Last
		From :	To:	Salary	Salary
	Employer	Address		#of hours worked per week	

Name, title and phone number of immediate supervisor:	#of Employees Supervised	Reason for Leaving

Describe duties, responsibilities and accomplishments:

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B. List Details	Position	Dates of employment (month, year)	# of month	Starting	Last
				Salary	Salary
	Employer	Address		# of hours worked per week:	

Name, title and phone number of immediate supervisor:	#of Employees Supervised	Reason for leaving:

Describe duties, responsibilities and accomplishments:

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I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge and belief, and I understand that any false or incomplete statement I have made may result in my forfeiting all rights of employment with the TOWN OF WALKERSVILLE.

I hereby authorize the Town of Walkersville to obtain from my past employers, educational institutions, and/or any law enforcement agencies all data needed to support this application. \_\_\_\_\_ Yes \_\_\_\_\_ No

Date \_\_\_\_\_ Signature \_\_\_\_\_

**(NOTE: UNSIGNED APPLICATIONS MAY BE REJECTED WITHOUT FURTHER NOTICE)**

WORK EXPERIENCE SUMMARY - CONTINUATION FORM TO APPLICATION FOR EMPLOYMENT

You are to use this continuation form to provide additional information concerning previous positions you have held. It is important for you to furnish all information requested below in sufficient detail to enable the Personnel Department to give you full credit in evaluating your qualifications.

Experience: Below list the required information concerning each previous position. If you have had military service, enter it below in its proper sequence. All periods of time unaccounted for in the blocks below will be considered periods of unemployment. Be sure to include all related experience. If you were employed under another name, please indicate.

	Dates of employment (month, year)	# of mo.	Starting Salary	Last Salary
	From:                      To:			

C.

Employer	Address	# of hours worked per week:	
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Name, title and phone number of immediate supervisor:	#of Employees Supervised	Reason for Leaving
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Describe duties, responsibilities and accomplishments:

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	Dates of employment (month, year)	# of mo.	Starting Salary	Last Salary
	From:                      To:			

D.

Employer	Address	# of hours worked per week:	
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Name, title and phone number of immediate supervisor:	#of Employees Supervised	Reason for Leaving
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Describe duties, responsibilities and accomplishments:

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I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge and belief, and I understand that any false or incomplete statement I have made may result in my forfeiting all rights of employment with the TOWN OF WALKERSVILLE

I hereby authorize the Town of Walkersville to obtain from my past employers, educational institutions, and/or any law enforcement agencies all data needed to support this application. \_\_\_\_\_ Yes      \_\_\_\_\_ No

Date \_\_\_\_\_ Signature \_\_\_\_\_

**(NOTE: UNSIGNED APPLICATIONS MAY BE REJECTED WITHOUT FURTHER NOTICE)**

E.	Position	Dates of employment (month, year)		# of mo.	Starting Salary	Last Salary
		From:	To:			
	_____	_____		_____	_____	_____
	Employer	Address		# of hours worked per week:		
	_____	_____		_____		

Name, title and phone number of immediate supervisor:	#of Employees Supervised	Reason for Leaving
_____	_____	_____

Describe duties, responsibilities and accomplishments:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F.	Position	Dates of employment (month, year)		# of mo.	Starting Salary	Last Salary
		From:	To:			
	_____	_____		_____	_____	_____
	Employer	Address		# of hours worked per week:		
	_____	_____		_____		

Name, title and phone number of immediate supervisor:	#of Employees Supervised	Reason for Leaving
_____	_____	_____

Describe duties, responsibilities and accomplishments:

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\_\_\_\_\_

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\_\_\_\_\_

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge and belief, and I understand that any false or incomplete statement I have made may result in my forfeiting all rights of employment with the TOWN OF WALKERSVILLE

I hereby authorize the Town of Walkersville to obtain from my past employers, educational institutions, and/or any law enforcement agencies all data needed to support this application. \_\_\_\_\_Yes \_\_\_\_\_No

Date \_\_\_\_\_ Signature \_\_\_\_\_

**(NOTE: UNSIGNED APPLICATIONS MAY BE REJECTED WITHOUT FURTHER NOTICE)**