



Town of Cheverly

6401 Forest Road
Cheverly Maryland 20785
Phone: 301-773-8360
Fax: 301-773-0173

Employment Application

Personal History									
Position Applied For:				Date of Application:					
Full Name:									
Last				First			Middle		
Address:									
Street Address				Apartment/Unit#					
City				State			ZIP Code		
Phone: ()				Social Security No:					
Date of Birth:		Driver's License #:		State:					
Commercial (CDL):		YES <input type="checkbox"/> NO <input type="checkbox"/>		Passed Air Brakes:			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Qualifying Questions									
Have you ever been employed by the Town of Cheverly:							YES <input type="checkbox"/>		NO <input type="checkbox"/>
If yes, when:									
Are you legally eligible for employment in the United States: (Proof of citizenship or immigration will be required upon employment)							YES <input type="checkbox"/>		NO <input type="checkbox"/>
Can you perform the essential functions as described on the attached job description:							YES <input type="checkbox"/>		NO <input type="checkbox"/>
On what date would you be available for work:									
Are you currently employed:							YES <input type="checkbox"/>		NO <input type="checkbox"/>
Are you currently on "lay-off" status:							YES <input type="checkbox"/>		NO <input type="checkbox"/>
Do you have any relatives employed by the Town of Cheverly: (List names & relationship)							YES <input type="checkbox"/>		NO <input type="checkbox"/>
Education									
High School or GED Issuer:		Address:		Dates Attended:			Graduate:		
Year Completed (1-12):		City, State:					YES <input type="checkbox"/>		NO <input type="checkbox"/>
College or University:		Address:		Dates Attended:			Graduate:		
Major/Minor:		Degree Received:					YES <input type="checkbox"/>		NO <input type="checkbox"/>
Name of School:		Address:		Dates Attended:			Graduate:		
							YES <input type="checkbox"/>		NO <input type="checkbox"/>

The Town of Cheverly considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Employment History

List last position first, include history of employment starting with your present or most recent position. Include all relevant paid, non-paid, volunteer, and military experience. List promotions as separate jobs. Include military experience if applicable.

1) Name of Employer:					Dates Employed:		Salary/Earnings:			
Address:					From:		Starting:		Per:	
City:		State:		Zip Code:		To:		Ending:		Per:
Name of Supervisor:					Phone #:		()			
Job Title and Description of Work:										
Reason For Leaving:										
2) Name of Employer:					Dates Employed:		Salary/Earnings:			
Address:					From:		Starting:		Per:	
City:		State:		Zip Code:		To:		Ending:		Per:
Name of Supervisor:					Phone #:		()			
Job Title and Description of Work:										
Reason For Leaving:										
3) Name of Employer:					Dates Employed:		Salary/Earnings:			
Address:					From:		Starting:		Per:	
City:		State:		Zip Code:		To:		Ending:		Per:
Name of Supervisor:					Phone #:		()			
Job Title and Description of Work:										
Reason For Leaving:										
4) Name of Employer:					Dates Employed:		Salary/Earnings:			
Address:					From:		Starting:		Per:	
City:		State:		Zip Code:		To:		Ending:		Per:
Name of Supervisor:					Phone #:		()			
Job Title and Description of Work:										
Reason For Leaving:										

Military Record

Have you ever served on active duty in the armed forces of the United States:					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Branch of Military Service:				Type of Discharge:			
Basis:							
Dates of Active Duty:				From:		To:	
Member of Reserve:					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Serial No:							

References

Give three references (not relatives) who are adults who have known you well for at least 3 years.

Years Known	Complete Name (Last, First, Middle)	Business or Occupation:	Phone #:	Business or Home Address:
1)			()	
2)			()	
3)			()	

Court Record

Have you been charged with a crime or serious motor vehicle violation within the last 10 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please complete the following:

Conviction will not necessarily disqualify an applicant from employment

Location/Department	Year	Charge	Finding	Disposition

Personal Declarations

Attention: This section must be signed in order to be considered for any position

1) Within the last five years, have you been fired for any reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If "YES," give details on a separate sheet of paper and attach it to this application.

2) Within the last five years, have you quit a job after being notified that you would be fired?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If "YES," give details on a separate sheet of paper and attach it to this application.

The following notice applies to everyone except applicants for law enforcement officer positions as defined by Article 27, Section 727, or any employee of any law enforcement agency of the State of Maryland, or any county, incorporated city or Town, or other municipal corporation. **"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 \$100.00."** NOTE: All applicants must acknowledge the notice above, by signature, in the following box

Signature:

Failure to sign will result in rejection of the application. NOTE: Under the Immigration Control Act of 1986, an employer is required to hire only U.S. Citizens and lawfully authorized alien workers. Applicants who are selected for employment will be required to show and verify authorization to work in the United States.

- A) I certify that every answer and statement that I have made in this application is true and complete to the best of my knowledge.
- B) I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work.
- C) I authorize investigation of all statements contained in this application for employment. Because of this, are you aware of any information about yourself or any person with whom you are or have been closely associated which might tend to reflect unfavorably on your application, morals, character or ability?
- | | |
|----------------------------------|---------------------------------|
| YES)
<input type="checkbox"/> | No)
<input type="checkbox"/> |
|----------------------------------|---------------------------------|
- I understand that I may be required to submit to such job related examinations as may be required, produce documentation verifying identity and employment eligibility in the United States. I also understand that if employed by the Town of Cheverly I am required to serve a probationary period during which time my performance will be evaluated and I may be terminated if my conduct or performance is not fully satisfactory.
- E) I understand that failure to pass either the physical or substance exams will result in the withdrawal of the employment offer.

Signature:

Date:

Town of Cheverly
Police Background Investigation Consent Form
For Employment With The Town of Cheverly

I fully understand that the Town of Cheverly will conduct a complete background investigation.
 I, _____, hereby give consent to the Town of Cheverly to conduct this investigation and give my permission to those
 having any information to fully disclose it to the Town as a potential employer.

Signature:								Date:												
Signature (Witness):								Date:												
Applicant Information																				
First Name:						Middle Name:						Last Name:								
Home Address:																				
City:									State:						Zip Code:					
Business Address:																				
City:									State:						Zip Code:					
Sex:				Race:				Date of Birth:				Weight:				Height:				
Place of Birth:								Hair:				Eyes:				SSN:				
Driver's License #:										State:										

Official Use Only			
Background Check		OK <input type="checkbox"/>	NEG <input type="checkbox"/>
Drv Lic in ST of Issue		OK <input type="checkbox"/>	SUSP/REVOKE <input type="checkbox"/>
		NO. OF POINTS <input type="checkbox"/>	
Drv Lic Status in Maryland		OK <input type="checkbox"/>	SUSP/REVOKE <input type="checkbox"/>
		NO. OF POINTS <input type="checkbox"/>	
Recommend for hire?		OK <input type="checkbox"/>	NEG <input type="checkbox"/>