

# City of Brunswick

## Application for Employment

Date of application \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print Name \_\_\_\_\_

Position applied for \_\_\_\_\_ Salary Requirements \_\_\_\_\_

Address \_\_\_\_\_  
Street or P.O. Box

Address \_\_\_\_\_  
City County State Zip

Home phone(\_\_\_\_)\_\_\_\_-\_\_\_\_ Work phone(\_\_\_\_)\_\_\_\_-\_\_\_\_ Other phone(\_\_\_\_)\_\_\_\_-\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position.

### Section A – INSTRUCTIONS TO APPLICANT

1. Please fully and accurately complete the Application for Employment. Incomplete applications will not be considered. This company will use the information given in the application to verify your previous employment and background.
2. The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.
3. Resumes will not be accepted in lieu of completed applications, but will be considered supplemental information.

### Section B – GENERAL INFORMATION

1. Have you filed an application with The City of Brunswick before? Yes\_\_\_ No\_\_\_ If yes, date \_\_\_\_\_
2. Have you ever been employed with The City of Brunswick before? Yes\_\_\_ No\_\_\_ If yes, date \_\_\_\_\_
3. Have you ever gone by another name? Yes\_\_\_ No\_\_\_ If yes, please list \_\_\_\_\_
4. If employed in the position for which you have applied, would you be in a supervisor/subordinate relationship to any relative or member of your household? Yes\_\_\_ No\_\_\_
5. Have you ever been discharged or asked to resign from any previous employment? Yes\_\_\_ No\_\_\_  
If yes, please explain \_\_\_\_\_
6. If you are hired or transferred into a position that requires the operation of a vehicle, we will require a Dept. of Motor Vehicles investigation. Do you authorize investigation of record? Yes\_\_\_ No\_\_\_  
Driver's license number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_
7. Have you ever been convicted of a violation of the law other than minor traffic violations? Yes\_\_\_ No\_\_\_  
If yes, give date, place of conviction, charge, and disposition: \_\_\_\_\_
8. Are you currently under any obligation pursuant to an existing contract of employment, or for payment of placement fees to an employment service? Yes\_\_\_ No\_\_\_ Explain \_\_\_\_\_
9. How were you referred to us? Advertisement\_\_\_ Agency\_\_\_ Other \_\_\_\_\_

## Section C – WORK EXPERIENCE

Please fill out the application completely, even if doing so duplicates your resume, beginning with your current or most recent employment. Attach addition sheets as needed.

Company name	Date employed–Month & Year	Job title
Street Address	From: To:	Description of work
City, State, Zip	Name of Supervisor	
Telephone	Salary	Reason for leaving
May we contact current employer? Yes _____ No _____		
Company name	Date employed–Month & Year	Job title
Street Address	From: To:	Description of work
City, State, Zip	Name of Supervisor	
Telephone	Salary	Reason for leaving
Company name	Date employed–Month & Year	Job title
Street Address	From: To:	Description of work
City, State, Zip	Name of Supervisor	
Telephone	Salary	Reason for leaving
Company name	Date employed–Month & Year	Job title
Street Address	From: To:	Description of work
City, State, Zip	Name of Supervisor	
Telephone	Salary	Reason for leaving

## Section D – EMPLOYMENT/PROFESSIONAL REFERENCES

Name/Relationship	Telephone
Company Name	Position
Street Address	City State Zip
Name/Relationship	Telephone
Company Name	Position
Street Address	City State Zip

## Section E – EDUCATION

1. Give record of all high schools, colleges, universities, and special schools you have attended.

Name & Location of School	Course of Study	Years Completed	Degree or Diploma

2. Please list computer software skills: \_\_\_\_\_

3. List any special licenses or certificates you have that are related to the job for which you are apply: \_\_\_\_\_

\_\_\_\_\_

4. Please list skills related to position you have applied: \_\_\_\_\_

\_\_\_\_\_

## Section F – PROFESSIONAL INFORMATION (If applicable)

1. Professional licensure \_\_\_\_\_ Effective date(s) \_\_\_\_\_

2. Registry or certification \_\_\_\_\_ Effective date(s) \_\_\_\_\_

3. Out of state licenses \_\_\_\_\_

4. Is registration or licensing pending? \_\_\_\_\_

**"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. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100."**

**READ CAREFULLY AND SIGN IF YOU AGREE TO THESE TERMS OF EMPLOYMENT:**

I agree that except at the request and for the benefit of The City of Brunswick, I will not disclose to anyone or use for my own purposes any of The City's confidential or proprietary information, either during or after my employment. I understand and agree that The City's bidding, costs, pricing and marketing information and techniques, customer names and information, and employee names and information are confidential and proprietary to The City of Brunswick.

I certify that this application contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I authorize The City of Brunswick to contact all sources to verify the information on this application. I understand that any falsification, misrepresentation, or fraudulent information provided by me in connection with my application for employment is sufficient grounds for withdrawal of an employment offer or immediate discharge.

I understand that if I am offered a position with The City of Brunswick, I may be required to take and pass a drug screen as a condition of being hired and that testing will be conducted in accordance with MD HEALTH-GEN. CODE ANN Section 17-214. This will be performed at The City's designed medical facility and at The City's expense. By submitting this Application for Employment, I hereby consent to said test. I further understand that if alcohol and/or illegal drugs are found in my system, all offers of employment will be withdrawn.

I understand that this application is not a contract of employment.

I authorize and request my former employers, references, and educational institutions which have information about me, to give The City of Brunswick any and all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and release such former employers, references, and educational institutions from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to The City of Brunswick any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

The City of Brunswick  
1 West Potomac Street  
Brunswick, MD 21716

