

DATE			
PERSONAL INFORMATION			
NAME (LAST NAME FIRST)			
SOCIAL SECURITY NO.			
PRESENT ADDRESS			
CITY	STATE	ZIP	
PERMANENT ADDRESS			
CITY	STATE	ZIP	
PHONE NO.	CELL NO.	EMAIL	
ARE YOU OVER 18 YEARS OLD?	10		
EMPLOYMENT DESIRED			
POSITION	DATE YOU CAN START	DESIRED SALARY	
ARE YOU EMPLOYED NOW?  ☐ YES ☐ NO	IF SO, MAY WE CONTACT YOUR EMPLOYER?  ☐ YES ☐ NO		
HOW DID YOU HEAR ABOUT THIS POSITION?  FRIEND ONLINE AD  WALK IN WEBSITE		<ul><li>□ NEWSPAPER AD</li><li>□ COLLEGE PLACEMENT SERVICE</li><li>□ OTHER</li></ul>	
EDUCATION HISTORY			
HIGH SCHOOL (NAME) (YRS ATTENDED) (DEGREE OBTAINED)	(LOCATION) DID YOU GRADUATE: ☐ YES ☐ NO		
COLLEGE (NAME) (YRS ATTENDED) (DEGREE OBTAINED)	(LOCATION) DID YOU GRADUATE: □ YES □ NO		
TRADE SCHOOL (NAME) (YRS ATTENDED) (DEGREE OBTAINED)	(LOCATION) DID YOU GRADUATE: ☐ YES ☐ NO		
SUBJECT OF SPECIAL STUDY/ RESEARCH WOR	К		
SPECIAL TRAINING, CERTIFICATIONS, LICENSE	S		

SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

## MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE US AID DISCHARGE DATE				
ORMER EMPLOYERS (LIST BELOW				
NAME OF PRESENT EMPLOYER		CITY	CTATE	710
ADDRESS		CITY	STATE .	ZIP
JOB TITLE MAY WE CONTACT THIS EMPLOYER		DATES	OF EMPLOYMENT	10
			TITI C	
NAME OF SUPERVISOR DESCRIPTION OF WORK				
REASON FOR LEAVING				
NAME OF PRESENT EMPLOYER				
ADDRESS JOB TITLE		CITY	STATE	ZIP
JOB TITLE		DATES	OF EMPLOYMENT	TO
MAY WE CONTACT THIS EMPLOYER				
NAME OF SUPERVISOR				
DESCRIPTION OF WORK				
REASON FOR LEAVING				
NAME OF PRESENT EMPLOYER				
ADDRESS JOB TITLE		CITY	STATE	ZIP
JOB TITLE		DATES	OF EMPLOYMENT_	TO
MAY WE CONTACT THIS EMPLOYER	☐ YES ☐ NO			
NAME OF SUPERVISOR			TITLE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				
REFERENCES (LIST PROFESSIONAL	REFERENCES WHO	OM WE MAY CON	TACT)	
NAME	ADDRESS		BUSINESS	PHONE

## CANDIDATE QUESTIONNARE

Are you legally eligible for employmen	nt in the United States? □ YES □ NO
•	to any person employed by the Town of Elkton?   Department  Department
	ever been convicted of a felony, or misdemeanor, or pled "Noloos? $\square$ YES $\square$ NO If so, please explain
•	sked to resign from a job?   YES  NO
Are you willing to take a drug test?	□ YES □ NO
I agree that a criminal and controlled	d substance use record check can be performed by the Town o

## APPLICANT'S CERTIFICATION AND AGREEMENT

I authorize the Town of Elkton to secure financial and credit information through a consumer reporting agency and I understand that, upon my written request made within a reasonable time, the consumer reporting agency will provide me with additional information concerning the nature and scope of any credit report investigation. I also agree to participate in computerized interviewing, assessment testing, and any other similar Town requirements which are conditions of my employment.

I understand that any false or misleading answer in this Employment Application or other preemployment inquiry is grounds for rejection of my Application or immediate termination if I have been employed.

If employed, I will comply with all Town policies and rules found in any Town policy manual, employment handbook or other communication from the Town. I understand the Town may change its policies and rules in the future without giving notice to me.

I understand that the Town may require drug and alcohol testing as a condition of employment, or if I am involved in a work related injury, subject to applicable federal and state laws, and I consent to any such testing.

I agree not to use or disclose outside my employment with the Town any confidential information, wages, trade secrets, or proprietary information, whatever its form, obtained in connection with my employment with the Town.

I understand that employment with the Town will be TERMINABLE AT WILL. That no employment contract will be valid unless made in writing and signed by the Town's Mayor, or Town Manager, and that my employment may be ended at any time, for any reason, by me or the Town. If employed, I further understand that my first ninety (90) days are a probationary period (which may be extended in the Town's discretion) to determine whether my continued employment is appropriate.

I have read and understand the above.	
Signed	_ Date

The Town of Elkton is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.