



For Office Use Only	
Date Rec'd	
Meets Min Quals	
Initial Rating Score	
Final Rating Score	

**Town of Centreville**

**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

**NAME AND CONTACT INFORMATION**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do You Have a Valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_  
 License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

**A COPY OF YOUR LICENSE MUST ACCOMPANY THIS APPLICATION.**

**EDUCATION AND TRAINING**

Do you have a high school diploma or GED? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, what is the highest grade completed? \_\_\_\_\_

Level	School Name and Address	Course of Study	Circle Last Year Completed				Graduate (Yes/No)	Diploma or Degree Rec'd
			1	2	3	4		
High School								
College								
Other (Specify)								

Please submit a copy of any relevant professional or trade licenses or certificates with this application.

## WORK EXPERIENCE

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" x 11" sheets of paper if necessary. If your title or duties changed in the course of your service in any one organization, indicate such changes clearly, and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information included in this section demonstrates that you meet the minimum experience qualifications for the job for which you are applying.

<b>Job Number 1</b>		
Name of Employer	Employer's Address (Street, City, State, Zip Code)	
Type of Business	Supervisor's Name and Phone Number	
Your Job Title	Do you supervise other employees?	Job Titles of those you supervise
	Yes ___ No ___ How many? _____	
Dates of Employment (from: Month/Year To Month/Year)	Is your position considered full time? Yes _____ No _____	
	How many hours do you work per week? _____	
Beginning Weekly Salary:	Last Weekly Salary:	
Job Duties:		
Reason for leaving:		

<b>Job Number 2</b>		
Name of Employer	Employer's Address (Street, City, State, Zip Code)	
Type of Business	Supervisor's Name and Phone Number	
Your Job Title	Do you supervise other employees?	Job Titles of those you supervise
	Yes ___ No ___ How many? _____	
Dates of Employment (from: Month/Year To Month/Year)	Is your position considered full time? Yes _____ No _____	
	How many hours do you work per week? _____	
Beginning Weekly Salary:	Last Weekly Salary:	
Job Duties:		
Reason for leaving:		

<b>Job Number 3</b>		
Name of Employer	Employer's Address (Street, City, State, Zip Code)	
Type of Business	Supervisor's Name and Phone Number	
Your Job Title	Do you supervise other employees?	Job Titles of those you supervise
	Yes ___ No ___ How many? _____	
Dates of Employment (from: Month/Year To Month/Year)	Is your position considered full time? Yes _____ No _____	
	How many hours do you work per week? _____	
Beginning Weekly Salary:	Last Weekly Salary:	
Job Duties:		
Reason for leaving:		

Job Number 4		
Name of Employer	Employer's Address (Street, City, State, Zip Code)	
Type of Business	Supervisor's Name and Phone Number	
Your Job Title	Do you supervise other employees?	Job Titles of those you supervise
	Yes ___ No ___ How many?	
Dates of Employment (from: Month/Year To Month/Year)	Is your position considered full time? Yes _____ No _____	
	How many hours do you work per week?	
Beginning Weekly Salary:	Last Weekly Salary:	
Job Duties:		
Reason for leaving:		

Job Number 5		
Name of Employer	Employer's Address (Street, City, State, Zip Code)	
Type of Business	Supervisor's Name and Phone Number	
Your Job Title	Do you supervise other employees?	Job Titles of those you supervise
	Yes ___ No ___ How many?	
Dates of Employment (from: Month/Year To Month/Year)	Is your position considered full time? Yes _____ No _____	
	How many hours do you work per week?	
Beginning Weekly Salary:	Last Weekly Salary:	
Job Duties:		
Reason for leaving:		

Job Number 6		
Name of Employer	Employer's Address (Street, City, State, Zip Code)	
Type of Business	Supervisor's Name and Phone Number	
Your Job Title	Do you supervise other employees?	Job Titles of those you supervise
	Yes ___ No ___ How many?	
Dates of Employment (from: Month/Year To Month/Year)	Is your position considered full time? Yes _____ No _____	
	How many hours do you work per week?	
Beginning Weekly Salary:	Last Weekly Salary:	
Job Duties:		
Reason for leaving:		

I hereby give my permission to contact the employers listed above concerning my prior work experience.

Signed \_\_\_\_\_

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? \_\_\_\_\_

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## PLEASE READ AND SIGN BELOW

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.

(The provision above does not apply to applicants for law enforcement positions pursuant to Labor and Employment Article, Section 3-702 (b) Annotated Code of Maryland.)

Have you ever been convicted of any violation of law other than a minor traffic violation? Yes \_\_\_ No \_\_\_

If yes, give the date, place of conviction, charge and disposition of each case. (Note: A conviction record will not necessarily bar you from employment. Please write this information on a separate sheet of paper and attach it to this application.)

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history, including an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date