

Town of La Plata
305 Queen Anne Street
P.O. Box 2268
La Plata, Maryland 20646
www.townoflaplata.org,
(301) 934-8421, (301) 870-3377, Fax (301) 934-5724



Application for Employment

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Daytime phone		E-mail	
Date available for work	Drivers License Number		CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>
Position(s) Applied for			Desired Salary
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony or crime? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Answering "yes" does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.</small>			If yes, please provide date(s) and details
If you are under 18 and it is required, can you furnish a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain			
Have you ever submitted an application here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date(s) and position(s)			
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Educational Co-Op <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/>			
Will you relocate if job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>		Will you travel if job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If they have been explained to you, are you able to meet the attendance requirements of the position? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Will you work overtime if required? Yes <input type="checkbox"/> No <input type="checkbox"/>			If no, please explain
Have you ever been bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>			
EDUCATION			
High School			Address
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Diploma
College			Address
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Certificate
Other			Address
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Certificate

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone
Address	

Address	
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Full Name	Relationship
Company	Phone
Address	

Address	
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Full Name	Relationship
Company	Phone
Address	

Address	
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SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

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Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	Years	<input type="checkbox"/> Internet	Years
<input type="checkbox"/> Spreadsheet	Years	<input type="checkbox"/> Other	Years
<input type="checkbox"/> Presentation	Years	<input type="checkbox"/> Other	Years
<input type="checkbox"/> E-mail	Years	<input type="checkbox"/> Other	Years

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

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List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

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In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?	Yes <input type="checkbox"/>	Is there any other job-related information you want us to know about you?
	No <input type="checkbox"/>	

MILITARY SERVICE

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain.

EMPLOYMENT HISTORY		
Company		Phone
Address		Supervisor
Starting Job Title / Final Job Title	Starting Salary	Ending Salary
Summarize the type of work performed and job responsibilities.		
From	To	Reason for Leaving.
What did you like most about your position?		What were the things you liked least about the position?
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Starting Job Title / Final Job Title	Starting Salary	Ending Salary
Summarize the type of work performed and job responsibilities.		
From	To	Reason for Leaving
What did you like most about your position?		What were the things you liked least about the position?
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Starting Job Title / Final Job Title	Starting Salary	Ending Salary
Summarize the type of work performed and job responsibilities.		
From	To	Reason for Leaving
What did you like most about your position?		What were the things you liked least about the position?
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Explain any gaps in your employment, other than those due to personal illness, injury or disability.		
If not addressed in the previous question, have you ever been fired or asked to resign from a job? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please explain.		

REFERRAL SOURCE (Please check the appropriate category and name the source.)

<input type="checkbox"/> Walk-in	<input type="checkbox"/> School
<input type="checkbox"/> Employee	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Staffing Agency
<input type="checkbox"/> Company's Website	<input type="checkbox"/> Government Employment Agency
<input type="checkbox"/> Other Internet	<input type="checkbox"/> Other

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, completed and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant	Date
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