



# CITY OF FROSTBURG

## SUMMER SEASONAL EMPLOYMENT APPLICATION

FROSTBURG CITY HALL  
37 S BROADWAY, P.O. BOX 440  
FROSTBURG, MD 21532  
301-914-1788

DATE RECEIVED: \_\_\_\_\_

OFFICE USE ONLY

Position Applying for:  Lifeguard  Ticket Attendant  Day Camp Counselor  Laborer Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Length of time at current address: Years \_\_\_\_\_ Months \_\_\_\_\_

Are you currently employed elsewhere?  Yes  No

Home Phone: \_\_\_\_\_ How many hours per week can you work? \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Do you have a valid driver's license?  Yes  No

Email Address: \_\_\_\_\_ Are you a U.S citizen?  Yes  No

Were you employed by the City of Frostburg before?  Yes  No Do you have relatives working for the City?  Yes  No

If yes, list job title: \_\_\_\_\_ If yes, list name(s) and relationship: \_\_\_\_\_

Date/length of employment: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**Military Service:** Are you an honorably discharged veteran of the U.S Armed Forces?  Yes  No Dates of Service: \_\_\_\_\_

Branch of service:  Army  Navy  Air Force Military job title: \_\_\_\_\_

Marines  Coast Guard Medals/Awards: \_\_\_\_\_

**EDUCATION:** High School attended: \_\_\_\_\_

Name

Address

Do you have a high school diploma?  Yes  No Dates/years attended: \_\_\_\_\_

Do you participate in any school activities/practices that may require us to adjust your work schedule in August?  Yes  No

If so, please list dates and times you expect to be unavailable to work: \_\_\_\_\_

Name of college/university attended: \_\_\_\_\_ School address: \_\_\_\_\_

Do you have a college diploma?  Yes  No Dates/years attended: \_\_\_\_\_

Major course of study: \_\_\_\_\_ Minor course of study (if any): \_\_\_\_\_

Do you plan to return to school for the Fall semester?  Yes  No If yes, will it affect your work schedule?  Yes  No

Please list the last date you are available to work: \_\_\_\_\_

Other schools or training attended: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Other schools or training attended: \_\_\_\_\_ Dates attended: \_\_\_\_\_

List any pertinent job skills/training/certifications/experience related to the position you are applying for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If applying for a lifeguard position, do you have a current lifeguard certification?  Yes  No

If yes, what is the expiration date of your certification? \_\_\_\_\_ Certifying Agency: \_\_\_\_\_

If no, are you currently attending or scheduled to attend a lifeguard certification course?  Yes  No

If yes, where? \_\_\_\_\_ If yes, when is the last date of the class? \_\_\_\_\_

Do you have a current Pool Operator Certification (CPO) valid in the state of Maryland?  Yes  No

If yes, what is the expiration date? \_\_\_\_\_

*\*Lifeguard applicants are not required to be certified to apply. But, all lifeguards must be certified and present proof of certification to employer no later than one week prior to Memorial Day.*

**REFERENCES:** Please list three (3) employment, personal and/or educational references we may contact for the purposes of obtaining information relating to your previous employment, educational accomplishments, and/or personal character.

\_\_\_\_\_  
Name Phone# Email

\_\_\_\_\_  
Name Phone# Email

\_\_\_\_\_  
Name Phone# Email

**WORK EXPERIENCE:** Beginning with your current/most recent job, provide the info listed below for your last three places of employment OR attach an employment resume to this application and indicate resume is attached.

Employment resume attached?  Yes  No

\_\_\_\_\_  
Name of Employer Address Phone# Supervisor's Name

\_\_\_\_\_  
Employment Start/End Date Reason for Leaving Starting/Ending Pay Rate

\_\_\_\_\_  
Job Title Work Performed

\_\_\_\_\_  
Name of employer Address Phone# Supervisor's Name

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Employment Start/End Date	Reason for Leaving	Starting/Ending Pay Rate
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Job Title	Work Performed
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Name of Employer	Address	Phone#	Supervisor's Name
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Employment Start/End Date	Reason for Leaving	Starting/Ending Pay Rate
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Job Title	Work Performed
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By signing below, I certify that all of the answers and statements given are true and correct. I hereby authorize all of my previous employers or references listed above to furnish any information concerning my personal character, work habits, or employment records. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishment of this information. In the event of employment, I understand that any false or misleading information I provide in my application or interview(s) may result in termination of my employment.

Under Maryland law, an employer may not require or demand that any applicant for employment, prospective employee, or any current employee to submit to a polygraph, lie detector, or similar test/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. *\*This provision is not applicable to prospective or current law enforcement officers.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTICE TO APPLICANTS AND EMPLOYEES:**

*The City of Frostburg is proud to be a drug-free workplace. Screening tests for alcohol and illegal drug use may be required without notice before hiring and during your employment here.*

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**EOE/ADA STATEMENT:** It is the policy of the City of Frostburg to ensure equal employment opportunity for all applicants. This commitment includes a mandate to promote and afford fair and equal treatment and services to all City residents, City representatives, employees, and applicants to assure to all persons equal employment opportunity based upon ability and fitness regardless of race, religion, color, creed, national origin, sex, marital status, age, sexual orientation, or the presence of any sensory, mental, or physical disability unless such disability effectively prevents the performance of essential duties required of the position and which are bonafide occupational qualifications which cannot be accommodated without undue hardship.

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**Return application AND copies of any relevant certifications to:**

Mail: Brian Vought  
Director of Parks & Recreation  
P.O. Box 440, 37 S Broadway  
Frostburg, MD 21532

Email: [bvought@frostburgcity.org](mailto:bvought@frostburgcity.org)  
Fax : Attn: Brian Vought  
301-689-2840

# AFFIRMATIVE ACTION DATA FORM

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As part of the City's policy on nondiscrimination and its affirmative action/equal opportunity program, all applicants for employment are requested to voluntarily complete and return this form with the employment application. This form is used by the office of the City Administrator in the attempt to monitor and enhance affirmative action efforts an equal opportunity employment practices.

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Are you a disabled veteran?  Yes  No Are you a Vietnam veteran?  Yes  No Are you a Gulf War veteran?  Yes  No

Gender:  Male  Female Are you a U.S citizen?  Yes  No If no, do you have U. S. work authorization?  Yes  No

Position applied for: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Ethnic Group:  Native American/Alaskan  Asian/Pacific Islander  African American (non-Hispanic)  
 Hispanic  Other, please specify: \_\_\_\_\_

Do you have any disability for which the City of Frostburg might make accommodations to enable you to perform in the position being applied for?  Yes  No

If yes, please indicate necessary accommodations: \_\_\_\_\_  
\_\_\_\_\_  
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Please attach additional sheet if necessary.