



CITY OF FROSTBURG

EMPLOYMENT APPLICATION

City Hall

37 S. Broadway, P.O. BOX 440

FROSTBURG, MD 21532

301-689-6000

DATE RECEIVED: _____

OFFICE USE ONLY

Position Applying for: _____ Date: _____

Name: _____ Social Security Number: _____
Last First Middle

Email Address: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Length of time at current address: Years _____ Months _____

If less than 5 years at current address, please list any other addresses you've resided at within the past 5 years:

Street Address	City	State	Zip

Do you have a valid driver's license? Yes No

Are you a U.S citizen? Yes No

Are you currently employed elsewhere? Yes No

Work Availability: Full Time Part time Either

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

Address

College/University attended: _____
Name Address

Do you have a college diploma? Yes No If yes, list degree(s): _____

Major Course of Study: _____ Minor course of study: _____

Other schools or training attended: _____ Dates attended: _____

Other schools or training attended: _____ Dates attended: _____

Please list any previous or current certifications licenses, job skills, training, or experience related to the position you are applying for: _____

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

Job Title Work Performed

Name of Employer Address Phone# Supervisor's Name

Employment Start/End Date Reason for Leaving

Job Title Work Performed

AFFIRMATIVE ACTION DATA FORM

As part of the City's policy on non-discrimination 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 and equal opportunity employment practices.

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: _____

Please attach additional sheet if necessary.