

City Hall 37 S. Broadway, P.O. BOX 440 FROSTBURG, MD 21532 301-689-6000

| Position Applying for: | | | | Date: |
|-------------------------------|-----------------------------|----------------------|-------------------------------------|-------------------------|
| Name: | First | Middle | Social Security Num | ber: |
| Email Address: | | | Home Phone: | |
| Address: | | | Cell Phone: | |
| | | | Length of time at current addre | ss: YearsMonths |
| If less than 5 years at curre | ent address, please list an | y other addresses y | ou've resided at within the past ! | 5 years: |
| Street Add | dress | City | State | Zip |
| Street Add | dress | City | State | Zip |
| Street Add | dress | City | State | Zip |
| Do you have a valid driver' | s license? 🗖 Yes 🗖 No | | Are you a U.S citizen? Yes | s 🗖 No |
| Are you currently employe | ed elsewhere? 🗖 Yes 🛭 | No | Work Availability: 🗖 Full Ti | me |
| Were you employed by the | e City of Frostburg before | ? ☐ Yes ☐ No | Do you have relatives working fo | or the City? 🗖 Yes 🗖 No |
| If yes, list job title: | | | If yes, list name(s) and relationsh | nip: |
| Date/length of employmer | nt: | | | |
| Reason for leaving? | | | | |
| | | | | |
| Military Service: Are you a | n honorably discharged v | veteran of the U.S A | rmed Forces? | rates of Service: |
| Branch of service: Arm | v 🗖 Navv 🗖 Air Force | Military iob title: | | |
| | ines | | | |
| □ IVIari | ines 🗀 Coast Guard | iviedais/ Awards:_ | | |
| EDUCATION: | | | | |
| High School attended: | | | | |
| | Name | | Address | |
| Do you have a high school | diploma? |) | | |

Address

| Do you have a sell dist | NO. The Heart list of | 0/6): | | |
|--------------------------------|--|---|--------------------|--|
| o you have a college diplom | na? LJ Yes LJ No If yes, list degre | e(s): | | |
| ajor Course of Study: | Minor c | ourse of study: | | |
| Other schools or training atte | nded: Dates attended: | | | |
| other schools or training atte | ended: | Dates attended: | Dates attended: | |
| lease list any previous or cu | rrent certifications licenses, job skills, t re applying for: | raining, or experience | | |
| | | ducational references we may contact formulashments, and/or personal charact | | |
| ame | Phone# | Email | | |
| ame | Phone# | Email | | |
| ame | Phone# | Email | | |
| = | nployment resume to this application a | provide the info listed below for your la and indicate resume is attached. | st three places of | |
| ame of Employer | Address | Phone# | Supervisor's Name | |
| nployment Start/End Date | Reason for Leaving | | | |
| b Title | Work Performed | | | |
| ame of Employer | Address | Phone# | Supervisor's Name | |
| mployment Start/End Date | Reason for Leaving | | | |
| | | | | |

| Name of Employer | Address | Phone# | Supervisor's Name |
|----------------------------------|---|---|----------------------------------|
| Employment Start/End Date | Reason for Leaving | | |
| Job Title | Work Performed | | |
| By signing below, I certify that | all of the answers and statements given a | re true and correct. I hereby authorize | e all of my previous employers o |

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, any 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.

| C: L CA I: L | 5.1 |
|-------------------------|-------|
| 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.

Completion and submission of this application does not obligate the employer to hire the applicant.

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 bon-a-fide occupational qualifications which cannot be accommodated without undue hardship.

Applicants requiring special application accommodations should make the request via email to estahlman@frostburgcity.org.

Return Completed Application: Mail to: Elizabeth Stahlman Email to: estahlman@frostburgcity.org

City Administrator

P.O. Box 440, 37 S Broadway Fax to: Attn: Elizabeth Stahlman

Frostburg, MD 21532 301-689-2840

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. | | | | |
|---|---|--|--|--|
| First Name: | Middle Initial: | | | |
| Are you a Vietnam veteran? Ye | es | | | |
| u a U.S citizen? 🗖 Yes 🗖 No If no | o, do you have U. S. work authorization? Yes No | | | |
| | Referral Source: | | | |
| n | rican American (non-Hispanic) | | | |
| of Frostburg might make accommo | dations to enable you to perform in the position being | | | |
| tions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | turn this form with the employment enhance affirmative action efforts and the employment of Frostburg might make accommonant accommonant in the enhance affirmative action efforts are specify: | | | |

Please attach additional sheet if necessary.