



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
Street Address	City	State	Zip
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: _____

**Veterans must submit a copy of their DD-214 with application to receive consideration of military service.*

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

Name of Employer	Address	Phone#	Supervisor's Name
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Employment Start/End Date	Reason for Leaving
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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, 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.***

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 City Administrator P.O. Box 440, 37 S Broadway Frostburg, MD 21532	Email to: estahlman@frostburgcity.org Fax to: Attn: Elizabeth Stahlman 301-689-2840
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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

**Veterans must submit copy of their DD-214 with application to receive consideration of military service.*

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.