



# Town of Ocean City

Ocean City Police Department  
P.O. Box 759  
Ocean City, MD 21843-0759  
410 723-6609  
www.ocpdmd.com



## Employment Application *(Please Print)*

*Applicants for all positions are considered without regard to race, color, religion, sex, national origin, age, marital status, or the presence of disabilities.*

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position Applied For: \_\_\_\_\_

Referral Source:  Recruiting Team  Former/Current Employee  College Sources  
 Internet  Advertisement  Walk-In  
 Employment Agency  Other: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Number Street City State Zip Code

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Are you at least 18 years of age?  Yes  No

Have you ever been employed by the Town of Ocean City before?  Yes, Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  No

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  
 Yes  No *(Proof of citizenship, permanent resident status or immigration status entitling you to engage in employment in the U.S. will be required prior to employment.)*

The date you are available for work. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Available to work:  Full Time  Part Time  Seasonal/Temporary  All

Are you on a lay-off and subject to recall?  Yes  No

Have you ever been convicted of a felony?  Yes  No  
*(Conviction will not necessarily disqualify applicant from employment)*

If yes, please explain: \_\_\_\_\_

***Equal Employment Opportunity/ Affirmative Action Employer***

*(Revised 1/2009)*

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities

<b>1</b>	Employer	Dates Employed	Describe work Performed
	Address	From: <u>  /  /  </u>	
	Job Title	To: <u>  /  /  </u>	
	Supervisor <span style="float: right;">Ph. Number</span>	Hourly Rate/Salary	
	Reason for Leaving	Starting: _____	
		Final: _____	
<b>2</b>	Employer	Dates Employed	Describe work Performed
	Address	From: <u>  /  /  </u>	
	Job Title	To: <u>  /  /  </u>	
	Supervisor <span style="float: right;">Ph. Number</span>	Hourly Rate/Salary	
	Reason for Leaving	Starting: _____	
		Final: _____	
<b>3</b>	Employer	Dates Employed	Describe work Performed
	Address	From: <u>  /  /  </u>	
	Job Title	To: <u>  /  /  </u>	
	Supervisor <span style="float: right;">Ph. Number</span>	Hourly Rate/Salary	
	Reason for Leaving	Starting: _____	
		Final: _____	

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize your special skills, qualifications or other experiences:

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# Education

	Elementary/Middle	High	College University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe specialized training, apprenticeship, skills and extra-curricular activities:				

Honors Received: \_\_\_\_\_

Provide any additional information you feel may be helpful to the evaluation of your application

### Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not a contract of employment.

If offered employment, I further understand that I may be required to pass a job-related physical examination.

Signature of Applicant

Social Security Number

Date

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

The term "applicant for employment or prospective employment or any employee" as used in this subtitle does not include: (i) A law enforcement officer as defined in 727 of Article 27, (ii), Any employee of any law enforcement agency of the State of Maryland, or any county, incorporated city or town, or other municipal corporation.

I hereby acknowledge that I have read and fully understand the above.

Signature of Applicant

Date

Signature of Applicant

Date

Veteran of the U.S. Military Service?  Yes  No If yes, Branch \_\_\_\_\_

*Special Employment Notice to Disabled Veterans,  
Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps*

The Rehabilitation Act of 1973 allows you to voluntarily and confidentially identify yourself as handicapped and to indicate the nature of such handicap.

Providing this information is voluntary and will not result in adverse treatment.

Handicapped?  Yes  No If so, nature of handicap \_\_\_\_\_

The Vietnam Era (8/64-1/73) Veterans Readjustment Assistance Act enables us to give special employment consideration to qualified veterans. Providing this information is voluntary and will not result in adverse treatment.

Are you a Vietnam Era Veteran?  Yes  No Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a disabled Vietnam Era Veteran?  Yes  No

Signed \_\_\_\_\_

List professional, trade, business and civic activities and offices held.  
(You may exclude those which indicate race, color, religion, sex or national origin):

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Give name, address and telephone number of three employer, co-workers or other professional references who are familiar with your capabilities.

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# *Attention All Applicants*



## Town of Ocean City

All Applicants for full-time and temporary employment must pass a Drug-Screening Test before employment can occur.