

**TOWN OF EASTON**  
**14 S. Harrison Street**  
**Easton Maryland 21601**

**Position Applied For:**

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**APPLICATION FOR EMPLOYMENT**

**Important - Please Read**

THE EMPLOYEE POLYGRAPH PROTECTION ACT PROHIBITS MOST PRIVATE EMPLOYERS FROM USING LIE DETECTOR TEST EITHER FOR PRE-EMPLOYMENT SCREENING OR DURING THE COURSE OF EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE.

**Applicants Signature**-----**Date**-----

The Town of Easton is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin, age, disability, marital status, public assistance or veteran status.

THE TOWN OF EASTON IS A PROGRESSIVE EMPLOYER CONCERNED WITH THE HEALTH AND SAFETY OF ALL OF ITS EMPLOYEES, AS WELL AS THE SAFETY OF THE GENERAL PUBLIC. IN ORDER TO BE QUALIFIED FOR EMPLOYMENT WITH THE TOWN OF EASTON, ALL APPLICANTS WITH A CONDITIONAL JOB OFFER WILL BE REQUIRED TO TAKE AND PASS A DRUG SCREEN. THIS DRUG SCREEN WILL REQUIRE THE APPLICANT TO PROVIDE A URINE SAMPLE, WHICH WILL BE TESTED FOR CONTROLLED SUBSTANCES. A CONFIRMED POSITIVE TEST RESULT, OR THE REFUSAL TO SUBMIT TO OR COOPERATE WITH THE DRUG SCREENS, WILL DISQUALIFY AN APPLICANT FROM FURTHER CONSIDERATION FOR EMPLOYMENT WITH THE TOWN OF EASTON AND ANY CONDITIONAL OFFER OF EMPLOYMENT WILL BE WITHDRAWN.

**APPLICANT SIGN HERE THAT YOU HAVE READ THE ABOVE STATEMENT** >-----

**PERSONAL**

Name ----- SSN Last 4 Digits-----  
Last First Mi

Present address -----  
Street Address City State Zip Code

If your mail is sent to a P.O. Box put that number here P.O. Box -----

Telephone Number -----

Are you legally eligible for employment in the U.S.A. ? Yes----- No-----

Were you previously employed by us? ----- If yes, when -----

Date available to start \_\_\_/\_\_\_/\_\_\_ Your minimum wage/salary requirement? -----

Please list any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying. (Do not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) -----

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## EDUCATION

Name of School or University	City, State	Courses Taken	Highest Year completed	Did you graduate?
High School/GED			9 10 11 12	Yes____ No____
College		Major    Degree	1 2 3 4	Yes____ No____
Other			1 2 3 4	Yes____ No____

## EMPLOYMENT HISTORY

Please account for all employment (temporary, part time, full time, etc.) during the last five years, including periods of unemployment. **START WITH YOUR CURRENT OR MOST RECENT EMPLOYER.** Note any changes in job title under the same employer. If you need additional space, please continue on page 4 of this application.

Company Name \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone # \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_

Employment Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Beginning Pay\$ \_\_\_\_\_ Ending Pay\$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone # \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_

Employment Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Beginning Pay\$ \_\_\_\_\_ Ending Pay\$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone # \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_

Employment Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Beginning Pay\$ \_\_\_\_\_ Ending Pay\$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## EMPLOYMENT VERIFICATION

May we contact the employers/references you have listed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, indicate which one(s) you do not want us to contact and why:

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## REFERENCES

List additional references (other supervisors, people you have worked with, people you have done volunteer work for, schools teachers etc.) **Do not list relatives.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship \_\_\_\_\_

Occupation \_\_\_\_\_

**AGREEMENT**

I authorize my current and previous employers, schools, or persons named as references to give any information regarding my employment or education record to The Town of Easton 14 S. Harrison Street Easton MD 21601. I agree that The Town of Easton and my current and previous employers shall not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated because of falsification of statements, answers, or omissions made by me in this questionnaire or interviews.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have not withheld anything that would, if disclosed, affect this application unfavorably and result in the termination of my employment.

I also acknowledge that my employment, if offered, is AT WILL and that The Town of Easton or I may terminate my employment with or without cause and with or without notice.

I also acknowledge that if a job offer is made I will have to take and pass a pre employment drug screen.

I hereby acknowledge that I have read the above statement and understand the same.

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

**PLEASE PRINT FULL NAME HERE**\_\_\_\_\_

**Please mail application to Town of Easton, Attn: Human Resource Dept., P.O. Box 520, Easton, MD 21601**