

APPLICATION FOR EMPLOYMENT

City of Takoma Park
7500 Maple Avenue
Takoma Park, MD 20912
(301) 891-7100



The City of Takoma Park is an Equal Opportunity Employer

Each applicant appointed to a position must meet all the requirements of that position. Such requirements may include successful completion of a verbal or written examination and a confidential investigation, as well as submission of certain documents. Employees whose duties include handling money will be required to undergo a credit check prior to employment. Successful completion of additional tests may be necessary for police officer positions. Individuals with disabilities are encouraged to apply for announced positions. Reasonable accommodation is provided in recruitment, testing, and placement. We do not accept applications for unadvertised vacancies. For assistance please call (301) 891-7201.

PLEASE PRINT OR TYPE

Position Desired _____ Minimum Salary _____

Dept./Division _____ Date Available _____

Name _____
(Last) (First) (Middle)

Social Security _____ - _____

Address _____
(No.#) (Street)

Phone Number _____

(City) (State) (Zip) E-mail Address _____

Have you ever been an applicant or an employee of the City of Takoma Park? Yes [] No []

If yes: Date of application _____ Position applied for _____

Date of employment _____ Position title _____

For Positions Requiring a Drivers License

For Police Applicants Only

Driver's License Num. _____

U.S. Citizen: Yes No

State _____ Expiration Date _____

Birth Place (City,State)

Driver's License Class _____

Height ft. _____ in. _____ Weight lbs. _____

Have you ever served in the US Armed Force?

Driving Record: Please ask the Department of Motor Vehicle that issued your driving license for a copy of your driving record. Include your record with the application.

Yes [] No [] Branch _____

Date of service: From: _____ To: _____

Current Selective Service Status:
(If deferred, explain fully on a separate sheet of paper)

EDUCATION AND TRAINING

Circle highest grade completed: Are you a college graduate? Do you have a high school diploma or equivalency?
 1 2 3 4 5 6 7 8 9 10 11 12 Yes No Yes No

TYPE OF SCHOOL	SCHOOL NAME CITY & STATE	TYPE OF DIPLOMA OR DEGREE EARNED	MAJOR	NUMBER OF YEARS ATTENDED
LAST HIGH SCHOOL ATTENDED				
COLLEGE ATTENDED				
OTHER (military, trade, business, secretarial, etc.)				

Typing Speed _____ wpm Shorthand _____ wpm Can you operate a computer? Yes No

What computer programs can you operate? _____

List other office machines you operate _____

Foreign language spoken and/or read _____

References: List two persons, who are familiar with your education and work experience. Such persons should not include persons who are or were your direct supervisor or persons related to you by blood or marriage.

(A) Name _____ (B) Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Your relationship with individual _____ Your relationship with individual _____

I have known individual since _____ I have known individual since _____

APPLICANT BACKGROUND

Affirmative response to the following questions will not automatically exclude you from employment consideration. Have you ever been dismissed from any position? Yes No If yes, please explain.

Have you ever been convicted of a criminal misdemeanor or felony in an adult court which has not been expunged?

Yes

No

If yes, please provide an explanation of each conviction, including (1) the crime convicted, (2) date of occurrence, (3) name of the court in which the conviction occurred, (4) a summary of the underlining facts relating to the crime, (5) any rehabilitative activities in which the applicant took part, (6) any other information which the applicant wishes to provide regarding the occurrence, including any extenuation circumstances. (NOTE: A criminal background will not automatically disqualify an applicant from employment. The information provided should enable the employer to determine the adverse impact of the criminal background, if any, upon employment.)

CRIMINAL BACKGROUND INVESTIGATIONS FOR EMPLOYEES OF FACILITIES THAT CARE FOR OR SUPERVISE CHILDREN.

Employment with the City of Takoma Park Recreation & Library Departments is contingent upon satisfactory completion of a criminal background investigation as required by Maryland State Law, pursuant to Subtitle 5, Part VI, Section 5-560, et seq. of the Family Law Article of the Annotated Code of Maryland and any amendment thereto.

TO BE COMPLETED BY ALL POLICE DEPARTMENT CANDIDATES ONLY:

NOTE: Drug use while a city employee may be grounds for employment termination and is grounds for not employing you.

Drug Use: Have you ever possessed any of the following drugs?

Marijuana _____ Hashish _____

P.C.P. (Angel dust, Lovely) _____ L.S.D. _____

Cocaine _____ Heroin _____

Acid _____ Amphetamines _____

Barbiturates _____ Methadone _____

Any form of the above drugs _____

Any other illegal drug _____

IMPORTANT INFORMATION PLEASE READ AND SIGN

The following notice applies to everyone except applicants for law enforcement office positions as defined by Section 3-101 of the Public Safety Article of the Maryland Code or any other employee of any law enforcement agency of the State of Maryland, or any county, incorporated city, or town, or other municipality corporation:

“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR 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 \$100.00.”

NOTE: ALL APPLICANTS MUST ACKNOWLEDGE THE ABOVE NOTICE, BY SIGNATURE, ON THE FOLLOWING SPACE. FAILURE TO SIGN WILL RESULT IN REJECTION OF THE APPLICATION.

SIGNATURE: _____ DATE: _____

EMPLOYMENT HISTORY		
Employer	Name of Immediate Supervisor	May we contact your employer for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address		Phone Number
From: Mo. _____ Yr. _____		Full-Time <input type="checkbox"/>
To: Mo. _____ Yr. _____		Part-Time <input type="checkbox"/>
Starting Salary or Hourly Rt. ____ Avg. Hrs/wk ____ Present Salary or Hourly Rt. ____ Avg. Hrs/wk ____		
Job Title and Duties		
Reason for Leaving		
Employer	Name of Immediate Supervisor	May we contact your employer for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address		Phone Number
From: Mo. _____ Yr. _____		Full-Time <input type="checkbox"/>
To: Mo. _____ Yr. _____		Part-Time <input type="checkbox"/>
Starting Salary or Hourly Rt. ____ Avg. Hrs/wk ____ Present Salary or Hourly Rt. ____ Avg. Hrs/wk ____		
Job Title and Duties		
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Employer	Name of Immediate Supervisor	May we contact your employer for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address		Phone Number
From: Mo. _____ Yr. _____	Full-Time <input type="checkbox"/>	
To: Mo. _____ Yr. _____	Part-Time <input type="checkbox"/>	
Starting Salary or Hourly Rt. _____ Avg. Hrs/wk _____	Present Salary or Hourly Rt. _____ Avg. Hrs/wk _____	
Job Title and Duties		
Reason for Leaving		

Please list below any additional information you consider pertinent to your application (including school honor, organization membership, unique skills, etc.) _____

You must review the job description for the position desired. Having read the job description, are you able to perform these tasks with or without a reasonable accomodation?

Yes

No

If no, please explain: _A

UNDER THE IMMIGRATION CONTROL ACT OF 1986, AN EMPLOYER IS REQUIRED TO HIRE ONLY U.S. CITIZENS AND LAWFULLY AUTHORIZED ALIEN WORKERS. APPLICANTS WHO ARE SELECTED FOR EMPLOYMENT WILL BE REQUIRED TO SHOW AND VERIFY AUTHORIZATION TO WORK IN THE UNITED STATES, WITHIN THREE (3) DAYS OF BEGINNING WORK.

I understand that I may be required to submit to such job related examinations as may be required. I also understand that I must submit to a physical examination which includes a drug screening.

Acceptance of this application is not intended to create or imply a contractual relationship. If hired, I understand I will be required to serve a probationary period during which time my job performance and conduct will be evaluated, and that my employment may be terminated if either performance or conduct is unsatisfactory. I also understand that all benefits of employment are subject to change by the Mayor and Council with or without notice.

All applicants selected for employment shall be required to undergo a criminal background check prior to appointment. The City shall not employ applicants who refuse to execute a release form authorizing the City to conduct a criminal background check. The City may determine, based on the results of a criminal background check, that an individual is not suitable for employment with the City and decline to appoint the individual.

My signature below indicates that I have read, understood and consented to the preceding statement and that I have made true, correct and complete answers and statements on this application and any supplement to it in the knowledge that they will be relied upon in considering my application for employment and I understand that any omission, false answer or statement made by me on this application, or any supplement to it, shall be sufficient grounds for my discharge or the withdrawal of an offer of employment.

If accepted for employment with the City of Takoma Park, I agree to abide by all of their policies, rules and procedures.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

The City of Takoma Park considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, non-disqualifying physical or mental handicap, personal appearance, political opinion, sexual orientation, labor organization affiliation, or any other legally protected status.

WE THANK YOU FOR APPLYING WITH THE CITY OF TAKOMA PARK



The City of Takoma Park

❖ EEO DATA FORM ❖

PLEASE RETURN COMPLETED AFFIRMATIVE ACTION FORM IN THE ATTACHED SELF ADDRESSED - STAMPED ENVELOPE.

INSTRUCTIONS: The City of Takoma Park is an Equal Opportunity Employer. In support of this program and to insure equal employment opportunity in its hiring practices, we are asking you to help us in this effort by completing the EEO Data Form. Completing the data form will assist us in monitoring the effectiveness of our program.

NOTE: THIS FORM WILL BE FILED SEPARATELY FROM YOUR APPLICATION FORM AND WILL NOT BE USED TO DISCRIMINATE IN ANY WAY IN THE EMPLOYMENT PROCESS. THE COMPLETION OF THIS FORM IS NOT MANDATORY BUT YOUR COOPERATION IS APPRECIATED. PLEASE RETURN COMPLETED EEO DATA FORM IN THE ATTACHED SELF ADDRESSED - STAMPED ENVELOPE.

POSITION APPLIED: _____

NAME: Last Name	First Name	Middle Initial
GENDER: [] Female [] Male		
ETHNIC ORIGIN: Please check ethnic origin. Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:		
[] A. White	(Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	
[] B. Black	(Not of Hispanic Origin) All persons having origins in any of the black racial groups of Africa.	
[] C. Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	
[] D. Asian/Pacific Islanders	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippines Islands, and Samoa.	
[] E. American Indian or Alaskan Native	All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliations or community recognition	
Do you have a disability? [] YES [] NO		
The term "disability" means, with respect to individual, 1) a physical or mental impairment that substantially limits one or more of the major life activities of such an individual; 2) a record of such impairment; or 3) being regarded as having such impairment.		
If yes, what is the nature of your disability?		
VETERAN: [] YES [] NO	If yes, check: [] Vietnam Era, 1962-1975 [] Other [] Disabled	
SOURCES OF APPLICANTS: How did you hear of the job for which you applied for? <input type="checkbox"/> Walk-In <input type="checkbox"/> Washington Post <input type="checkbox"/> Other Newspaper Advertisement (Please name newspaper) _____ <input type="checkbox"/> Job Service Office <input type="checkbox"/> Posted Takoma Park Job Announcement <input type="checkbox"/> Takoma Park Employee <input type="checkbox"/> Takoma Park Web Site <input type="checkbox"/> Other Sources: (Explain) _____		