



**APPLICATION FOR EMPLOYMENT
TOWN OF BEL AIR
39 N. HICKORY AVENUE / Attn: Human Resources
BEL AIR, MD 21014
410-638-4550
www.belairmd.org**

NOTE: IF YOU ARE APPLYING FOR ANY POSITION WITHIN THE POLICE DEPARTMENT – YOU MUST DOWNLOAD THE POLICE APPLICATION FOR COMPLETION AND SUBMIT TO HUMAN RESOURCES ALONG WITH THIS APPLICATION

(This application must be typed or printed in ink – attach additional sheets/resume if necessary)

Page 1 of 4

NAME: _____
(Last) (First) (Middle)

Position Applying For: _____

Present Address: _____

Telephone # _____ **Email Address:** _____

Drivers Lic. # _____ **State** _____ **Class** _____ **Expires** _____

Is this a CDL driver's license? Yes _____ No _____

If yes, please list all endorsements _____

Is your driver's license suspended? Yes _____ No _____

Have you ever been convicted of a crime (felony or misdemeanor)? Yes _____ No _____

If yes, please give nature of crime(s), year(s) of conviction(s): _____

EDUCATION: Are you a high school graduate? Yes _____ No _____

Name of High School: _____

High School Equiv. Cert. or GED# or State which granted certificate: _____

List College, Technical School, or other advanced training:

Name	Degree/BA, BS, MA, Major	No. Years Completed

MILITARY SERVICE: Branch _____ Type of Discharge _____

Years Served: _____ Are you claiming Veterans Preference? _____

If yes, you must attach a copy of your Certificate of Honorable Discharge (DD Form 214), Certificate of Satisfactory Completion of Military Service or VA certificate to the application at the time of submittal.

EMPLOYMENT HISTORY

All information must be completed accurately in order to be considered for employment. Please call the Department of Human Resources with any questions (410-638-4550).

1. List your present and past employers, starting with the **CURRENT** employer first.
2. Provide the name(s) of your immediate supervisor(s) in your past and current positions.
3. List the name, address, and phone number of all your past and current employers.
4. List accurate number of years of employment for each past and current employer.

(1) EMPLOYER NAME:	(2) EMPLOYER NAME:
Telephone #:	Telephone #:
Address:	Address:
Supervisor's Name:	Supervisor's Name:
Salary & Number of Years Employed:	Salary & Number of Years Employed:
Job Title & Duties:	Job Title & Duties:
Reason for leaving:	Reason for leaving:
May we contact this employer for references?	May we contact this employer for references?
(3) EMPLOYER NAME:	(4) EMPLOYER NAME:
Telephone #:	Telephone #:
Address:	Address:
Supervisor's Name:	Supervisor's Name:
Salary & Number of Years Employed:	Salary & Number of Years Employed:
Job Title & Duties:	Job Title & Duties:
Reason for leaving:	Reason for leaving:
May we contact this employer for references?	May we contact this employer for references?

The Candidate selected for a position with the Town of Bel Air will be required to undergo and pass a Town pre-employment medical exam, to include urine drug screening.

I have read and understand the above statement.

Date
Signature of Applicant

Are you of the legal age to work? _____
(18 or 21 at time of appointment for a Police officer)

Are you on lay-off and subject to recall? _____

Are you legally eligible for employment in the United States? _____

DESCRIBE ANY SIGNIFICANT VOLUNTEER WORK, WHICH MAY BE USED TO QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING AND THE PERSON TO CONTACT FOR REFERENCES.

LIST BELOW ANY ADDITIONAL INFORMATION YOU CONSIDER PERTINENT TO YOUR APPLICATION FOR EMPLOYMENT INCLUDING SPECIAL SKILLS SUCH AS OPERATION OF OFFICE EQUIPMENT, VEHICULAR EQUIPMENT, COMPUTERS, ETC.

LIST THREE PERSONAL REFERENCES (NOT RELATED TO YOU)

Name	Address	Phone #

Do you have any relatives employed with the Town of Bel Air Government? _____
If yes, state name, relationship, and work location _____

Have you previously been employed by the Town of Bel Air Government? If so, please provide the dates and department. _____

Applications for any position requiring a Commercial Driver's License will be required, as a condition of employment, to sign a release authorizing the Town of Bel Air Government to obtain alcohol and controlled substance use and/or test records from previous employers and a certified copy of your driver's license history from the Department of Motor Vehicles.

Please **READ** carefully before signing. **PRINT OR TYPE YOUR NAME AS WELL AS SIGN YOUR LEGAL SIGNATURE.**

I authorize the Town of Bel Air Department of Human Resources to investigate any and all statements made on this application, including any driving record. Such authorization includes obtaining records from past employers, educational transcripts, law enforcement and other governmental agencies, and/or credit reporting services. I also authorize the Town of Bel Air to perform a criminal background check including, but not limited to, fingerprinting and criminal record review. If any misrepresentation has been made or if the results of the investigation are unsatisfactory, any offer of employment may be withdrawn.

The following notice applies to everyone except applicants for law enforcement officer positions:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PRESPECTIVE 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 EXCEEDING \$100.00.

Make sure you have completed all applicable sections on this application form and sign it below. This application will not be considered if you have not filled it out completely or have not signed it.

Printed/Typed Full Name:

Printed/Typed Full Name Used at Prior Places of Employment:

Signature _____ **Date** _____

List a telephone number where you can be reached to schedule an interview and what hours are best to call this number:
