



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

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

**1 of 4 pages**

**NAME** \_\_\_\_\_  
(Last) (First) (Middle)

**Position Applying For:** \_\_\_\_\_

**Present Address** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**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 any professional/technical licenses, the authorizing state and date of expiration \_\_\_\_\_

**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.

**Candidate selected for 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**

**EMPLOYMENT HISTORY**

All information must be completed accurately in order to be considered for employment. Please call the Department of Human Resources for help (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 (use additional paper if necessary).
4. List accurate number of years of employment for each past and current employer.

Employer Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Name and Title of Supervisor \_\_\_\_\_

Salary \_\_\_\_\_ Number of Years Employed \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

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

May we contact this employer for references? \_\_\_\_\_

\*\*\*\*\*

Employer Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Name and Title of Supervisor \_\_\_\_\_

Salary \_\_\_\_\_ Number of Years Employed \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

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

May we contact this employer for references? \_\_\_\_\_

\*\*\*\*\*

Employer Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Name and Title of Supervisor \_\_\_\_\_

Salary \_\_\_\_\_ Number of Years Employed \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

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

May we contact this employer for references? \_\_\_\_\_

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

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. IF NECESSARY, YOU MAY ATTACH AN ADDITIONAL SHEET TO THE APPLICATION.

\_\_\_\_\_

LIST THREE PERSONAL REFERENCES (NOT RELATED TO YOU)

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

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 \_\_\_\_\_.**

**Email Address: \_\_\_\_\_.**