## APPLICATION FOR EMPLOYMENT

Pocomoke City Police Department 1500 Market Street Pocomoke, MD 21851

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. (Please Print) Date of Application \_\_\_\_\_ Position(s) Applied For Friend Relative Walk-In Referral Source: Advertisement Employment Agency Other Name Last First Middle Address Number Street City State Zip Code Telephone (\_\_\_\_\_\_) Social Security Number \_\_\_\_\_ Cell Phone (\_\_\_\_\_) Other Phone (\_\_\_\_) \_\_\_\_\_ If employed and you are under 18, can you furnish a work permit? Yes No Drivers License Number & State: Have you ever been employed here before? Yes No If yes, give date \_\_\_\_\_ Are you employed now? May we contact your present employer? Yes No No On what date would you be available for work? Are you available for: Full Time Part Time Shift Work Temporary

yes, please explain			
3000			
2000			
AN EQUAI	OPPORTUI	NITY EN	MPLOYER M/F/V/H
eteran of the US military service	? Yes	No If y	yes, Branch
o you have any physical, mental	or medical impai	rment	
r disability that would limit your			
or the position for which you are		Yes	No
una mlagas auntair			
yes, please explain			72.00.1.00.1.00
re there workplace accommodati	ons which would		
ssure better job placement and/or	r enable you to		
erform your job to your maximum	n capability?	Yes	No
yes, please indicate			
yes, picase indicate			
dicate what foreign languages yo	u speak, read, an	d/or write.	
FLUENTLY	COOD	T EAT	
SPEAK -	GOOD	FAIF	K
READ			
WRITE			
st professional, trade, business o			
xclude those which indicate race	, color, religion,	sex or nation	onal origin):
ve name, address and telephone	numbers of three	references	s who are not related to you and are not
evious employers.			•
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veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Ace of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Ace of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled

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If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual	Disabled Veteran	Vietnam Era Veteran		
	Signed:			

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## **EMPLOYMENT EXPERIENCE**

Start with your present or last job; include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates From	Employed To	Work Performed
Address			
Job Title	Hourly Ra	ite/Salary	
Supervisor	Starting	Final	
Reason for Leaving	-		
Employer	Dates From	Employed To	Work Performed
Address			(5)
Job Title	Hourly Ra		
Supervisor	Starting	Final	
Reason for Leaving	1		
Employer	Dates From	Employed To	Work Performed
Address			
Job Title	Hourly Ra Starting	te/Salary Final	
Supervisor	Starting	1 mai	
Reason for Leaving			
Employer	Dates From	Employed To	Work Performed
Address			
Job Title	Hourly Ra	te/Salary Final	
Supervisor	Starting	1 IIIai	-
Reason for Leaving			- 4

Reason for Leaving			
TO 1 1111 1			. 1
If you need additional space	e, please co	intinue on a se	eparate sheet of paper.
Special Skills and Qualifications			
Summarize special skills and qualifications			
Acquired from employment or other experien	ice		

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	Ele	emer	ntary			Hi	gh			Co	llege/	Unive	rsity	Grad Prof			
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, Apprentice- Ship, Skills and Extra-Curricular Activities										•							

Honors Received:		
State any additional in	aformation you feel may be helpful to us in consider	ering your application.
	Agraamant	

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 form employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company.

Signature of Applicant		Date	

		-						
For Personnel Department Use Only								
Arrange Remarks	Interview	Yes	No		M			
Employe	d	Yes	No	Date of Employment				
Job Title			Hourly R	ate/Salary	Department			
	Ordered B	y			Date			

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## APPLICANT DATA RECORD

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

(Please Print)

				Date		
Position(s) Applie	ed For					
Referral Source:	Advertisement	Friend	I	Relative	Walk-In	
	Employment Agen	ncy Other		VVIII		
Name		irst		Phone _		
Last	F	irst	Middle	;		
Address Number	Street		City	State	Zip	Code
-		Affirmative	Action Su	ırvey		
	cies require periodi data is for analysis a tary.					
Check one:	Male	Femal	e			1
Check one of the Race/Eth	100	White	Black	Hispa	anic	
		American India	ın/Alaskan	Native	Asian/Pacifi	c Islander
Check if any of th	e following are app	licable:				
	Vietnam	Era Veteran	Disable	d Veteran	Handicappe	d Individual