

**CITY OF CAMBRIDGE
APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How did you learn about us?	
<input type="radio"/> Advertisement	<input type="radio"/> Friend
<input type="radio"/> Employment Agency	<input type="radio"/> Relative
	<input type="radio"/> Walk-in
	<input type="radio"/> Other _____

Last Name	First Name	Middle Name
Address (Number and Street)	City	State
		Zip Code
Telephone Number(s)	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO

If yes, give date / /

Have you ever been employed with us before? YES NO

If yes, give date / /

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? / /

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you been convicted of a felony and/or misdemeanor other than a minor traffic offense? YES NO
Conviction will not necessarily disqualify an applicant from employment. All circumstances will be considered.

If YES, please explain _____.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra curricular activities.

Describe any job related training received in the United States Military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Start	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Start	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Start	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Start	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and office(s) held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</p> <hr/> <hr/> <hr/>

ADDITIONAL INFORMATION

Drivers License: No. _____ Class _____ State _____

Other Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

CRT

FAX

Production/Mobile
Machinery (list):

Other (list):

PC

Lotus 1-2-3

Calculator PBX System

Typewriter WordPerfect/Word

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES

NO

References (Do NOT include close relatives)

1. _____ () - -
(Name) Phone Number

(Address)

2. _____ () - -
(Name) Phone Number

(Address)

3. _____ () - -
(Name) Phone Number

(Address)

DRUG SCREENING WAIVER

As a condition of employment with the City of Cambridge, I voluntarily agree to submit to a drug-screening test for the detection of the use of illegal drugs. I understand that this drug-screening test will be conducted by a State of Maryland certified laboratory. I also understand that the cost of these tests will be paid by the City of Cambridge, and that the results of these tests will be released to the City of Cambridge.

I understand that if I test positive for illegal drugs, I will not be employed by the City of Cambridge. I hereby waive any and all claims that may arise against the City of Cambridge and the State certified laboratory, or any of their officers or employees used in the performance of these tests.

Employee/Applicant Name
(Please Print)

Employee/Applicant
(Signature)

DATE

City of Cambridge Representative
(Signature)

DATE

NOTE: This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

APPLICANTS STATEMENT

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 for employment as may be necessary in arriving at an employment decision. I authorize a criminal background, and drivers license investigation, as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 employer.

Signature of Applicant

Date

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 CONTINUANCE OF EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED ONE HUNDRED DOLLARS (\$100.00). (EXCEPT FOR LAW ENFORCEMENT AGENCIES THAT ARE PROHIBITED BY MARYLAND LAW.)

Signature of Applicant

Date

END OF APPLICATION