



**Part II. Education and training**

| 7 | Name and location of College(s) or University(ies) attended | Total credit hours | Major field | Degree type |
|---|---|--------------------|-------------|-------------|
|   |   |                    |             |             |
|   |   |                    |             |             |
|   |   |                    |             |             |

**8 Other training (including business, trade, military or correspondence schools)**

| Name and address (city, state and zip) of schools attended | Type of training | License or Certificate # | Expiration date | Total training |       |
|--|------------------|--------------------------|-----------------|----------------|-------|
|  |                  |                          |                 | Hours          | Weeks |
|  |                  |                          |                 |                |       |
|  |                  |                          |                 |                |       |
|  |                  |                          |                 |                |       |

Use this space to include any special qualifications relevant to the position for which you are applying that are not covered elsewhere in your application: skills in operation of computers, machines or equipment; technical skills; office administration skills; or other special training. If necessary, please attach a supplementary sheet.

**Part III. Experience**

- 9** Use the following blocks A through D to provide information about your previous jobs STARTING WITH YOUR PRESENT OR MOST RECENT POSITION in Block A. Include all relevant paid, non-paid, volunteer and military experience. LIST PROMOTIONS AS SEPARATE JOBS. You must provide all of the information requested for each job you list. If you require more space to answer Blocks A through D, or if you require more blocks to list all of your previous jobs, attach additional pages that provide all of the information requested for each job. Your resume should be used only to supplement information presented in these blocks. **Label all additional pages with your NAME.**

May we contact your current and/or previous employer(s)?  Yes  No

Comments \_\_\_\_\_

**A** Position \_\_\_\_\_ Currently held?  Yes  No

Employer (Company or Organization) \_\_\_\_\_

Address \_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_

Date of employment From \_\_\_\_\_ To \_\_\_\_\_

Last salary \_\_\_\_\_ Type of business \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_

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

Describe your duties, responsibilities and accomplishments below.

**B** Position \_\_\_\_\_ Currently held?  Yes  No  
Employer (Company or Organization) \_\_\_\_\_  
Address \_\_\_\_\_  
Name of immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Date of employment From \_\_\_\_\_ To \_\_\_\_\_  
Last salary \_\_\_\_\_ Type of business \_\_\_\_\_  
Number of hours worked per week \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Describe your duties, responsibilities and accomplishments below.

**C** Position \_\_\_\_\_ Currently held?  Yes  No  
Employer (Company or Organization) \_\_\_\_\_  
Address \_\_\_\_\_  
Name of immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Date of employment From \_\_\_\_\_ To \_\_\_\_\_  
Last salary \_\_\_\_\_ Type of business \_\_\_\_\_  
Number of hours worked per week \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Describe your duties, responsibilities and accomplishments below.

**D** Position \_\_\_\_\_ Currently held?  Yes  No  
Employer (Company or Organization) \_\_\_\_\_  
Address \_\_\_\_\_  
Name of immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Date of employment From \_\_\_\_\_ To \_\_\_\_\_  
Last salary \_\_\_\_\_ Type of business \_\_\_\_\_  
Number of hours worked per week \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Describe your duties, responsibilities and accomplishments below.

**Part IV. Other**

**10** Are you legally eligible for employment in the U.S.?  Yes  No

Anyone offered employment is required to provide identification and documentation of eligibility for employment in the U.S.

**11** Do you have a valid motor vehicle operator's license?  Yes  No

Is this license a Commercial Driver's License?  Yes  No

**12** Have you ever been convicted of a criminal offense in any court?  Yes  No

Do not include any conviction for which your record has been expunged. If the answer is yes, provide date, place, charge, court and sentence for the conviction. A conviction does not automatically mean that you will not be employed. The nature of the offense and when it occurred will be considered. Give all the facts so a decision can be made (attach additional sheets, if necessary, and label all additional sheets with name).

**13** Have you ever been fired or asked to resign from a job?  Yes  No

If yes, give date, name, address of employer and reason. A firing or forced resignation does not automatically mean you will not be employed. The circumstances, time elapsed and recent employment record will be considered. Give all the facts so that a decision can be made (attach additional sheets, if necessary, and label all additional sheets with name).

**14** The following notice applies to everyone EXCEPT applicants for Law Enforcement Officer positions as defined by *Article 27, Section 727*, or any employee of any law enforcement agency of the State of Maryland or any county, incorporated city or town, or other municipal 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."

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Required by Maryland State law*

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. **I understand that any false or incomplete answer may be grounds for not employing me or for discharging me after my employment.** I understand that I may have to pass a physical examination; produce documentation verifying identity and employment eligibility in the U.S.; and be fingerprinted as a condition of my employment. I also understand that if I am hired for a position with the City of Annapolis, I will be required to undergo a pre-employment DRUG SCREEN. During the course of my employment, should reasonable suspicion exist to indicate possible impairment from proper and safe performance of my duties, I will be subject to additional testing for drug and/or alcohol usage.

I hereby authorize and fully consent to the disclosure and release to the City of Annapolis, Maryland of any information and documentation bearing on my academic history; job performance; and/or other credentials or licensure that may pertain to the vacancy for which application is being made. It is my specific intent to provide access to the above-detailed information, no matter how personal or confidential it may appear to be. In consideration of the City of Annapolis' acceptance and evaluation of this application, I hereby release and hold harmless the City of Annapolis, Maryland; any school; present or former employer; and /or any person furnishing such information or documents.

Photocopies of this authorization, and of my signature hereon, shall be deemed to provide the same release as my original signature. I understand that I must notify the Human Resources Department of any change in my name, address, phone number or other pertinent information.

Check here to certify that the above information is true and correct. You will be required to sign this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The City of Annapolis seeks the following information in order to comply with its obligations under all applicable Equal Employment Opportunity Laws. Individuals are encouraged to complete this form. Those who choose not to provide race or gender information will be placed in the largest applicant group. In keeping with City of Annapolis policy, any individual who knowingly falsifies a race or gender claim is subject to disqualification or termination.

**A How did you learn about the job for which you are applying? Please specify.**

- Newspaper (name) \_\_\_\_\_
- Job bulletin (where posted) \_\_\_\_\_
- Federal/State employment service (name) \_\_\_\_\_
- Community Action Agency (name) \_\_\_\_\_
- Magazine/Journal (name) \_\_\_\_\_
- City employee \_\_\_\_\_
- Notification postcard \_\_\_\_\_
- Job Fair/Conference (where/when) \_\_\_\_\_
- College/University/School (name) \_\_\_\_\_
- Walk-in \_\_\_\_\_
- Other: \_\_\_\_\_

**B Date of birth** \_\_\_\_\_ **C Gender**  Male  Female

**D Ethnic origin**

The U.S. Equal Employment Opportunity Commission (EEOC) has defined the following categories of ethnic origin. Please check which best describes your ethnic origin.

**White** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. (For example, China, Japan, Korea, the Philippines, and Samoa.)

**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.

**Other:** \_\_\_\_\_

Position applied for \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS APPLICATION CONSISTS OF NINE PAGES, ALL OF WHICH SHOULD BE COMPLETED FULLY BEFORE YOUR APPLICATION IS SUBMITTED.

[CityJobs@annapolis.gov](mailto:CityJobs@annapolis.gov) • 410-263-7998 • Fax 410-295-7999 • [www.annapolis.gov](http://www.annapolis.gov)  
Deaf, hard of hearing or speech disability - use MD Relay or 711

RETURN / MAIL TO: City of Annapolis Government  
Human Resources Department  
145 Gorman Street, 2<sup>nd</sup> Floor  
Annapolis, MD 21401