

APPLICATION FOR EMPLOYMENT

Fillable Form

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

(PLEASE PRINT)

Position(s) Applied For		Date of Application:
Last Name	First Name	Middle Name
Address-Physical & Mailing (if different)		
Telephone Number(s)		Social Security Number
Cell:	Other:	

Best time to contact you _____

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? If yes, give date _____

Have you ever been employed with us before? If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship, and location _____

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.

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full Time Part Time Temporary What shift(s) are you available? _____

Are you currently on "lay-off" status and subject to recall? Yes No Can you travel if a job requires it? Yes No

EDUCATION

School	Name & Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

WORK EXPERIENCE

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

Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor	Starting	
Reason for Leaving	Final	May We Contact?
Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor	Starting	
Reason for Leaving	Final	May We Contact?
Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor	Starting	
Reason for Leaving	Final	May We Contact?

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment 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 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Authorization to Obtain Consumer Report

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Ocean City-Wright Fire Control District and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Ocean City-Wright Fire Control District or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date

Fair Credit Reporting Act Disclosure Statement

By this document, Ocean City-Wright Fire Control District discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Please sign below to acknowledge the receipt of this disclosure.

Signature

Date

Printed Name

**STATEMENT OF CONSENT
PRE-EMPLOYMENT DRUG TESTING**

I hereby consent to submit to the testing for drugs and/or alcohol as shall be determined by the Ocean City-Wright Fire Control District in the selection process of applicants for employment, for the purpose of determining the drug and/or alcohol content thereof.

I agree that the White Wilson Medical Center may collect these specimens for these tests. I further agree to and hereby authorize the release of said test results to the company.

I understand that my current use of illegal drugs may prohibit me from being employed at this Company.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and I have not been coerced into signing this document by anyone.

Applicant:
Print Name: _____

SS# _____

Applicant:
Signature: _____

Date: _____

Witness: (Print Name) _____

Witness Signature: _____