



# JOB APPLICATION

## City of Cumberland

57 N. Liberty Street, Cumberland, Maryland 21502  
301-722-2000

City of Cumberland is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

### Applicant Information

Applicant's Name: \_\_\_\_\_  
(First) (MI) (Last) (Suffix)

Address: \_\_\_\_\_  
(Street No.) (Street Name) (City) (State) (Zip Code)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

### Employment Position

Position applying for: \_\_\_\_\_

How did you hear about the position? (Circle those that apply.) Newspaper/City Website/Friend/Facebook/MML/  
PML/City Employee/Other \_\_\_\_\_

What hours or shift are you available to work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have reliable transportation to and from work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you currently possess a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

On what date can you start working if you are hired? \_\_\_\_/\_\_\_\_/\_\_\_\_

Salary desired? \$ \_\_\_\_\_

### Personal Information

Have you ever applied to or worked for the City of Cumberland before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for the City of Cumberland? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state name & relationship: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a U.S. citizen or approved to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you consent to a mandatory controlled substance test? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Job Skills/Qualifications

Please provide a list of skills and qualifications you possess for the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education and Training**

	<i>Name of Educational Institution</i>	<i>Location (City/State)</i>	<i>Year Graduated</i>	<i>Degree Earned</i>
High School:	_____	_____	_____	_____
College/ University:	_____	_____	_____	_____
Vocational School/Specialized Training:	_____	_____	_____	_____

**Military**

Are you or have you been a member of the Armed Services?      \_\_\_ Yes      \_\_\_ No

If yes, provide the following information:

Military Branch in which you enlisted.      \_\_\_\_\_

Military rank when discharged.      \_\_\_\_\_

Military years of service.      \_\_\_\_\_

List any skills learned in the military that would benefit you in the position you are applying.

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

➤ **Employer's Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

Employment Start Date: \_\_\_/\_\_\_/\_\_\_\_\_      Employment End Date: \_\_\_/\_\_\_/\_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_      Telephone Number: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

➤ **Employer's Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

Employment Start Date: \_\_\_/\_\_\_/\_\_\_\_\_      Employment End Date: \_\_\_/\_\_\_/\_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_      Telephone Number: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

➤ **Employer's Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

Employment Start Date: \_\_\_/\_\_\_/\_\_\_\_\_      Employment End Date: \_\_\_/\_\_\_/\_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_      Telephone Number: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**References:**

Name	Relationship	Years Known	Contact Information
_____	_____	_____	( _____ ) _____ - _____
_____	_____	_____	( _____ ) _____ - _____
_____	_____	_____	( _____ ) _____ - _____

**APPLICANT STATEMENT**

Your employment with the City of Cumberland (Cumberland Mayor and City Council) is at will. This means your employment is for an indefinite period of time and it is subject to termination by you or the City of Cumberland with or without cause, with or without notice, and at any time. Nothing in this policy statement or any other policy of the City of Cumberland shall be interpreted to be in conflict with or to eliminate or modify in any way, the at-will employment status of City of Cumberland employees.

By signing below, you acknowledge your understanding that any offer of employment with the City of Cumberland is at will, and that nothing is intended to constitute a contract of employment, express or implied.

The City of Cumberland complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I authorize without reservation the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment or may result in my immediate discharge from the employer's service whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / 20 \_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)